



# HEALTH REIMBURSEMENT ARRANGEMENT (HRA) PAYMENT REQUEST FORM

Tucker Administrators, Inc.

Instructions:

- \*Attach appropriate bills & BCBS explanation of benefits (EOBs)
- \*Complete all applicable spaces on the form.
- \*Forward to Tucker Administrators, Inc. via mail, email, or fax
- \*All documentation should include original dates of service.

Employer \_\_\_\_\_ Group / Division Number \_\_\_\_\_ Date \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Payment Amount Requested \$ \_\_\_\_\_ Name/Address/Tax ID of Provider \_\_\_\_\_

\*See HRA Summary Plan Description

\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge and belief, my statements in the Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction.

Employees Signature \_\_\_\_\_ Date \_\_\_\_\_

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[www.tuckeradministrators.com](http://www.tuckeradministrators.com)