

# Western States Carpenters

## Health Reimbursement Arrangement Claim Form



### Step 1: Claim Information

Today's Date: \_\_\_\_\_ Number of pages: \_\_\_\_\_

☐ New claim ☐ Resubmission of claim ☐ Response to claim denial

### Step 2: Member Information

\*=Required Fields

\*Member Name (First, MI, Last)

 -  - 

\*Social Security Number

\*Member Mailing Address

Email Address (If provided, all notifications will be sent via email)

\*City

\*State

\*Zip

### Step 3: Reimbursement Request

*Member, Spouse or Dependent Name	*Amount Requested	*Date of Service	*Type of Service

Total Amount Requested: \$ \_\_\_\_\_

#### Please note the following requirements for claims submission:

- Itemized receipt **MUST** be included showing dates of service, services rendered, and associated costs.
- IRS guidelines do **NOT** consider cancelled checks as valid documentation.
- Previous balances are **NOT** acceptable.
- All reimbursements will be made payable to the member.

**Sign up for direct deposit to expedite reimbursement**

### Step 4: Authorization

To the best of my knowledge and belief, my statements in this reimbursement voucher 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 from this or any other benefit plan and WILL NOT BE CLAIMED AS AN INCOME TAX DEDUCTION. I authorize my account be reduced by the amount requested.

SIGNATURE OF MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

Please email this completed form and documentation to The Harrison Group at  
[wschra@theharrisingrouponline.com](mailto:wschra@theharrisingrouponline.com)

Visit our website to access account information at [www.theharrisingrouponline.com](http://www.theharrisingrouponline.com)