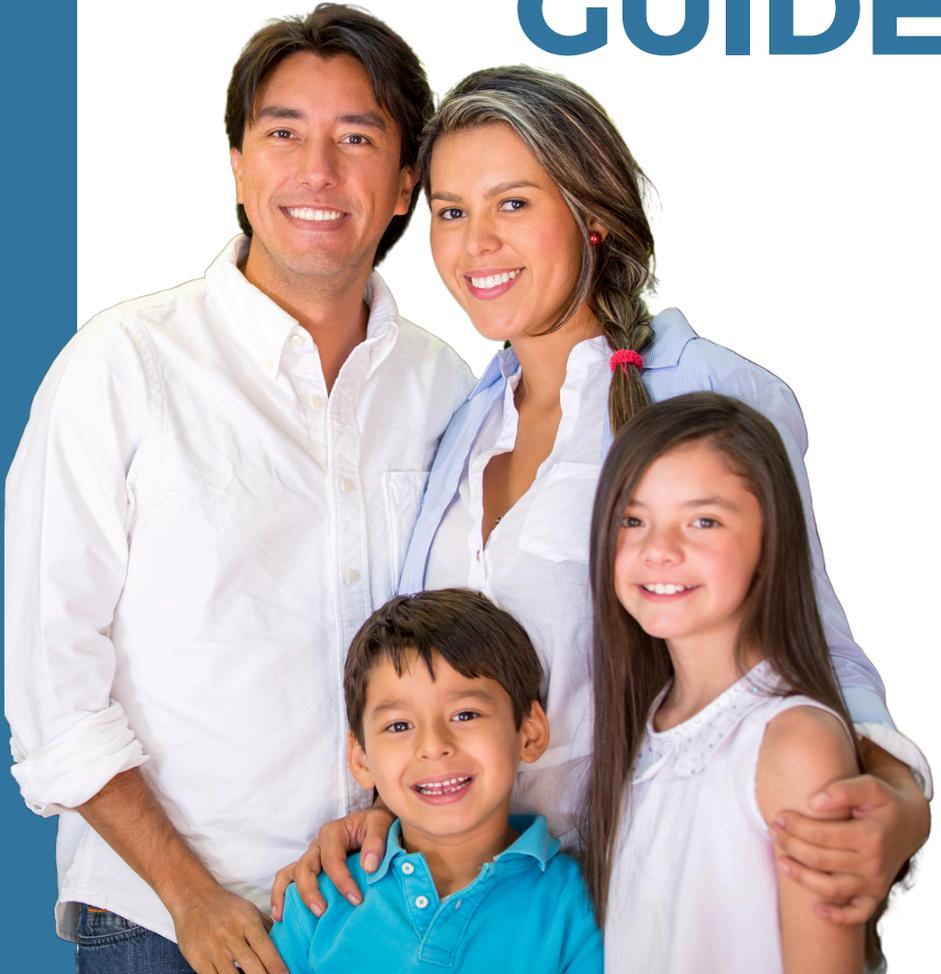




THE HARRISON GROUP, INC.

HRA NEW USER GUIDE



Welcome to The Harrison Group.

We're so happy to help you with your HRA or HEALTH REIMBURSEMENT ARRANGEMENT through the Western States Carpenters Health and Welfare Trust.

This guide will explain how you can log in to see your HRA account and activity, as well as information on how to utilize your HRA.

Additional resources may be found on our website at:

www.theharrisingrouponline.com

Managing your account has never been easier with two quick ways of accessing your information:

PARTICIPANT WEB PORTAL

- Open your preferred web search engine (Internet Explorer, Google Chrome, Firefox, etc)
- Search **www.theharrisingrouponline.com**
- Select "I am a Participant" on the main page
- Go to "Participant Log In"
- Enter your User ID and Password

Your USER ID is the first letter of your first name, followed by your last name, followed by the last four digits of your Social Security number.

Your PASSWORD is the last four digits of your Social Security number.

To change your User ID and Password, follow the prompts.

To create a new Password, the password must have at least 6 characters including: 1 uppercase letter, 1 lowercase letter, and 1 number.

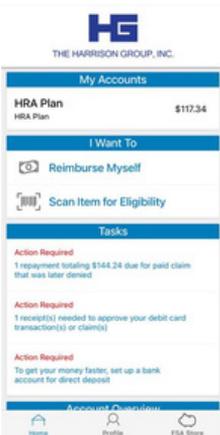
When you log in to your account online through your participant portal, you have access to several features including:

- ✓ checking your account balances
- ✓ requesting reimbursements
- ✓ uploading claim information
- ✓ signing up for direct deposit

Save time and hassle with an easy to use convenient Mobile App.

MOBILE APP

- Open the App Store  or Google Play  on your mobile device.
- Search “**Harrison Group FSA HRA HSA**”
- Download the free Harrison Group app and open
- Enter your participant log in information (same log in used to access your account via the participant web portal)
- Answer security questions and begin accessing your account details.



- ✓ check your account balances
- ✓ use camera to upload receipt and file a claim
- ✓ use camera to scan barcodes to see if items are HRA-eligible



unique to you



tested & trusted



easy navigation



user feedback

Quickly and conveniently access your HRA funds and pay for eligible expenses.

WESTERN STATES CARPENTERS CARD



How do I get a card?

We'll automatically mail you two cards to the address listed in your account the first time you enroll. Both cards will include the participant's name. Activate your card by calling the toll free number. Your spouse may sign his or her name on back of the second card and present it with his/her ID to use it.

Additional cards?

You may request additional debit cards for your spouse or dependents by calling our office.

Lost or stolen cards?

If your debit card is lost or stolen, call us to report it or use your online portal or mobile app. Replacement cards are free of charge.

Expiring debit card?

We will automatically mail you a new debit card 30 or more days prior to your expiration date.

While the IRS requires documentation for certain spending and reimbursement benefits, we automate some of that substantiation through:

- ✓ **IIAS approval** -If a merchant uses the Inventory Information Approval System, the debit card will automatically approve eligible expenses.
- ✓ **Copayments** -If your employer provides us with copayment amounts for your insurance plans, we can auto-approve expenses that match these copayment amounts.
- ✓ **Recurring claims** -If you use your debit card for a purchase that requires substantiation, once the claim has been approved and you make that same purchase for the same dollar amount at that merchant, the recurring claim will be automatically approved.

If you were unable to utilize your Western States Carpenters Card, you can submit a claim form in order to be reimbursed.

CLAIM FORM SUBMISSION

Western States Carpenters
Health Reimbursement Arrangement Claim Form



Step 1: Claim Information
Type of Claim: _____ Reason for claim: _____ Reason for non-payment: _____

Step 2: Member Information
Required Fields:
Member Name (First, M, Last) _____ Social Security Number _____
Member Billing Address _____ (Print Address (including all additions as in mail received))
City _____ State _____ Zip _____

Step 3: Reimbursement Request

Number, Approx or Description Items	Amount Requested	Date of Service	Type of Service

Total Amount Requested: \$ _____

Check with the following requirements for claims submission:

- 1. All claims must be submitted within the time period specified in the plan document.
- 2. All payments must be made to the member or the member's designated beneficiary.
- 3. All payments must be made to the member or the member's designated beneficiary.
- 4. All payments must be made to the member or the member's designated beneficiary.

Step 4: Authorization
To the best of my knowledge and belief, my interests in this reimbursement claim are complete and true. I am requesting reimbursement only for eligible expenses incurred during the period of my coverage under this plan. I agree to hold harmless The Harrison Group and its subsidiaries and affiliates from any and all claims, damages, losses or expenses, including reasonable attorneys' fees, that may be asserted against or incurred by The Harrison Group or its subsidiaries and affiliates in connection with this claim.

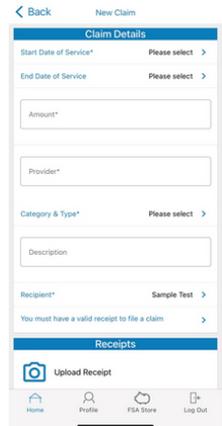
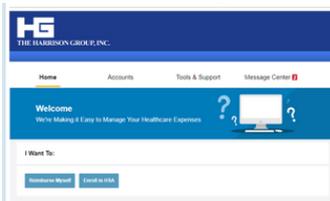
Signature of Member _____ Date _____

Please email this completed form and documentation to The Harrison Group at healthcare@harrisingroup.com
Visit our website to access account information at www.harrisingroup.com

- Complete a manual claim form with specific information about the expense including date of service/expense, amount, and description.
- US mail, email, fax, or electronically upload your claim form with the receipt or Explanation of Benefits (EOB).
- Claims will be processed within 3-5 days of receipt.
- Reimbursements will be made via ACH to your bank account (if direct deposit information is on your portal) or check via US mail.

You can also process an ELECTRONIC CLAIM SUBMISSION via your Online Portal or Mobile App

- Log in to your Online Portal (or) Mobile App
- Click the button “Reimburse Myself”
- Follow the screen prompts to submit claim information and a copy of the receipt



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
 Visit our website to access account information at www.theharrisingrouponline.com

QUESTIONS?

Our representatives are available to answer any questions you may have throughout the year. We strive to deliver flawless customer service to make your life easier. Whether you utilize our website, participant portal, mobile app, or call and email us, we will answer your questions promptly and with our best customer care.

CONTACT US



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Fax: (610) 853-9079

Email: wschra@theharrisingrouponline.com

Web: www.theharrisingrouponline.com



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