

## Health Reimbursement Account (HRA) Enrollment Kit

- Significant savings
- 24/7 web access
- Fast, efficient, convenient
- The benefit that benefits everyone



# The HRA Plan



## A Health Reimbursement Account (HRA)

is an employee benefit plan established under IRC Section 105, and it allows you to pay for certain health care expenses that are not covered by your insurance.

Your HRA account is funded periodically by your employer, and the amount funded is not included in your taxable income. You can use your HRA account to reimburse qualified expenses for yourself, your spouse and any dependents covered by the health plan.

If you have unused money in your HRA account at the end of the Plan year, some Plans allow you to roll the balance to the next year. Since the funds in your account were from your employer, you typically forfeit any unused balance if you terminate employment.

### Know the Details

Understanding the specifics of your employer's HRA Plan is critical. Carefully read your Summary Plan Description (SPD) to better understand the terms of your Plan.

Read your Summary Plan Description (SPD) carefully to understand the specific terms of your Plan. The Plan Document governs your rights and benefits under each Plan and is available through your employer.

## Claims Processing and Customer Service

### Filing a Claim:

Submit your claims online to receive the fastest reimbursement for an eligible out-of-pocket expense. Supporting receipts and documentation can be scanned and attached to your online claim, or you can email, fax or mail the required paperwork. Another option is to download a paper Reimbursement Request form. Complete the form by itemizing your expenses and following the important and detailed instructions found directly on the form. Reimbursement Request forms and required documentation can either be mailed or faxed for processing.

Claims deadlines apply. Be sure to carefully read your Summary Plan Description (SPD) to understand the terms and deadlines associated with your Plan.

### Customer Service:

Most of your questions can be answered by visiting the website. If you prefer to speak with a customer service representative, call 800-327-7130 Monday-Thursday from 8am EST to 5pm EST and Friday from 9am EST to 5pm EST. You can also email our Customer Service department at [lbs.customerservice@lifetimebenefitsolutions.com](mailto:lbs.customerservice@lifetimebenefitsolutions.com).



## Go Direct or Go Green

Receive your reimbursement quicker, and avoid the \$30 check minimum and a trip to the bank by completing a Direct Deposit form online.

Provide or update your email address online and help us go green. You'll receive only plan related information such as account statements, claim related information and Request for Information (RFI) letters (for card participants).

## Mobile App

Our mobile app enables you to easily and securely access your health care spending accounts. You can view account balances and detail, submit health care account claims, and capture and upload pictures of your receipts anytime, anywhere on iPhone, Android or tablet devices.

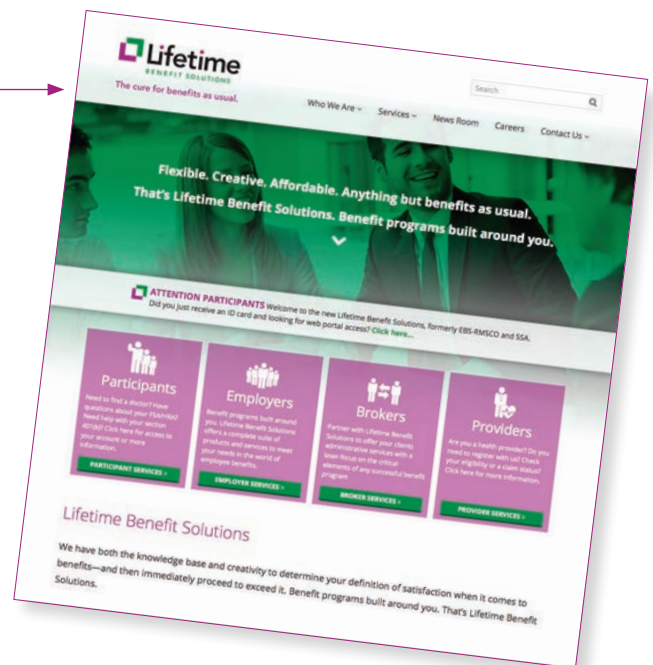
## Web Access

View your account online 24/7 via [LifetimeBenefitSolutions.com](http://LifetimeBenefitSolutions.com).

While online, you can:

- Submit claims for reimbursement
- View claims history
- Sign up for Direct Deposit
- Check your available balance
- Access forms such as Direct Deposit, Certification of Medical Necessity, Release of Information and various Reimbursement Request forms
- Enter your email address to receive important Plan related materials
- Use our online services, such as our online calculator to estimate your out-of-pocket expenses and our online eligible expense listing

To access your account online, visit [LifetimeBenefitSolutions.com](http://LifetimeBenefitSolutions.com) and click on the Participants link. Select Reimbursement Accounts: FSA/HRA/HSA/QTB then click on the green login button. For detailed instructions on how to view your account online, click on the link for Login Directions to Your Reimbursement Account located under the green login button. Your initial username will be your social security number (or whatever identifier your employer provides). Your password will be the first letter of your first name (lower case) followed by your five digit zip code.





## The Health Spending Card

The Health Spending Card is a convenient payment method...you simply swipe the card without incurring an out-of-pocket expense! Behind the scenes, the provider is paid and the amount is deducted from your account balance. You don't have to file a claim form for reimbursement—the payment function is fully automated.

### Cashless but Not Paperless:

Each time you use your Health Spending Card, you must be able to prove you used it to pay for a Plan eligible item or service. Fortunately, technology behind the Health Spending Card automatically substantiates the vast majority of your transactions. You will receive a letter asking you to send in copies of your receipt and necessary documentation for those transactions that can't be automatically substantiated with supporting technology.

### Purchasing Items with the Card:

When you purchase items with the card, such as over-the-counter (OTC) items, they may be auto-substantiated if the merchant uses a special barcoding system called Inventory Information Approval System (IIAS). You will not be sent an RFI letter for transactions that are automatically substantiated. Eligible OTC items classified as not drugs and medicines, such as bandages, have the IIAS barcodes directly on the product. These items may be purchased with the card; no additional rules apply.

The IRS states that OTC items classified as drugs and medicines, such as cough syrup, are only eligible if they are accompanied by a doctor's prescription. Additional rules apply to pay for eligible drugs and medicines that are accompanied by a doctor's prescription with the Health Spending Card: 1) the pharmacist must assign an Rx number; and 2) the pharmacist must retain a record of the Rx with the transaction details. Only if all rules are met can eligible OTC drugs and medicine be paid for



with a Health Spending Card. If the pharmacy is unable to meet the IRS rules, you must pay for the items out of pocket and then submit a claim form with the proper documentation including the doctor's prescription.

### Paying for Services with the Card:

Paying a doctor's office copay is an example of paying for services with the card. However, in some cases, services provided at a medical, dental or vision office cannot be auto-substantiated. In these cases, you will receive an RFI letter asking for copies of your receipt and necessary documentation.

### Important Health Spending Card Tips:

- Keep all receipts associated with your Health Spending Card in a central location, and promptly reply when asked for a copy.
- The IRS states that services are eligible for reimbursement after the services have been rendered. Prepaying for services such as weight loss or fitness memberships is not allowed.
- The Health Spending Card will be mailed directly to your home address. Read all information enclosed with the card and sign the card to agree to the terms.
- If a merchant will not accept the card, just pay out of pocket and submit for reimbursement.

Remember—the Health Spending Card is cashless, but not always paperless!  
Be prepared to submit copies of your receipts and other documentation when requested.



*All information about purchases may apply depending on what the Plan allows on the card.*



## ▶ Direct Deposit Authorization Form

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

### Please check one:

Set up New Direct Deposit     Change Direct Deposit     Cancel Direct Deposit

### Direct Deposit Election:

Type of Account (Check one):     Checking     Savings

Name of Bank: \_\_\_\_\_

Transit ABA Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

### Participant Certification

By submitting this form, I hereby authorize Lifetime Benefit Solutions to deposit my reimbursements directly into the bank account indicated above and, if necessary, to withdraw amounts from the account in order to adjust for any amounts erroneously deposited. This authorization will remain in effect until Lifetime Benefit Solutions receives written notice from me of its termination. The set up process is approximately 10 business days.

Please retain a copy of this form for your records.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Mail to:** Lifetime Benefit Solutions, FSA/HRA Dept, PO Box 680, Liverpool, NY 13088 or
- **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.





# Health Reimbursement Account Enrollment Form

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

### Spouse/Dependents Eligible Under Medical Plan Information (Attach additional pages if necessary)

I do not have a spouse or dependents

Name	Social Security Number	Date of Birth	Gender	Relationship

### Direct Deposit Election (Complete this section if you want Direct Deposit of your reimbursements)

Type of Account (Check one):  Checking  Savings

Name of Bank: \_\_\_\_\_

Transit ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

### To Be Completed by the Employer

Annual Contribution Amount	\$ _____
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New Hire  Open Enrollment Effective Date: \_\_\_\_\_

- Keep copy of Enrollment Form for your records
- Forward copy of Enrollment Form or provide data on a file to Lifetime Benefit Solutions





# ▶ Reimbursement Request Form

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Claimant Name	Date of Service	Amount	Plan Code*	Type of Service/Item Purchased	# of Miles	Claim Ref #
<i>John Sample</i>	<i>10/1/2014</i>	<i>\$ 150.25</i>	<i>F</i>	<i>Doctor visit copay</i>	<i>12</i>	<i>Example</i>
		\$				01
		\$				02
		\$				03
		\$				04
		\$				05
		\$				06

Use one of the Plan Code's below to indicate the account from which payment should be made. Your employer may not offer all the benefit types listed below and certain restrictions may apply. If your employer offers multiple benefit types, Lifetime Benefit Solutions will process the reimbursement based on the rules established by your employer. For example, if you have both an FSA and HRA account, and your employer has identified the FSA as the "pay first" account, your expenses will be applied to your FSA until the balance is depleted with any additional expenses applied to your HRA.

*Plan Code	Plan Code Description
F	Flexible Spending Account (FSA) or Limited Purpose FSA: Health Care Expenses Only. For Dependent Care expenses, use the Dependent Care Account Reimbursement Request Form
H	Health Reimbursement Account (HRA) or Retiree Reimbursement Account (RRA)
P	Parking Account (cannot claim miles associated with Parking)
T	Transit Account (cannot claim miles associated with Transit)
I	Individual Insurance Policy Premiums
M	To submit for medical mileage associated with Debit Card transactions. You will only be reimbursed for the medical mileage associated with the miles traveled, since you paid for the service with the Debit Card.

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate, the expenses incurred were for myself, spouse or qualified dependents, and these expenses are not reimbursable under any other plan coverage. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

- **Mail to:** Lifetime Benefit Solutions, Claims Dept, PO Box 680, Liverpool, NY 13088 or
- **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.

# Reimbursement Request Instructions

## For All Account Types (FSA, HRA, Parking/Transit, RRA, Insurance Premium)

- For faster reimbursement processing you may be able to submit your claims online at [www.lifetimebenefitsolutions.com](http://www.lifetimebenefitsolutions.com).
- Complete the top section, including Social Security Number or Employee ID.
- Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
- Label the receipts to correspond to the Claim Ref #.
- If you have more items than the form can accept, use additional forms.
- Do not “lump” or group items together or write See Attached.
- All claims are subject to deadlines, as defined in your Summary Plan Description (SPD).
- The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
- Lifetime Benefit Solutions can only process claims that are properly submitted. Claims that are not properly submitted may be delayed or denied.
- Retain a copy of the Reimbursement Request Form and receipts for your own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of your receipts beyond the current Plan year.
- Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard week-day business hours.
- Mail OR fax (but not both!) completed form with required documentation to:  
**Lifetime Benefit Solutions Claims Dept.**  
**PO Box 680**  
**Liverpool NY 13088**  
**Fax # (877) 256-7228**

## Reporting Medical Mileage

- Medical mileage rates are set by the IRS and can be applied to transportation primarily for and essential to medical care.
- Indicate the total number of miles incurred with each service provided (i.e. round trip miles to visit the doctor).
- Lifetime Benefit Solutions will apply the current mileage rate and include the mileage amount in your total reimbursement.
- You may be required to produce additional documentation for each mileage expense you claim.

## Medical Claims for FSA, HRA and RRA

- For each medical claim covered by your insurance carrier, submit an Explanation of Benefits (EOB). If your claims are not submitted to your insurance carrier, provide an itemized bill showing: date of service, provider name, patient name, charged amount, and description of services rendered.
- Do not send credit card receipts, original receipts or cancelled checks.
- The IRS states that Over-the-Counter (OTC) items classified as drugs and medicine are only eligible if they are accompanied by a doctor’s prescription.
- Use Plan Code M to report medical mileage associated with a Debit Card transaction. For example, if you drove 20 miles to a doctor’s appointment, and paid your copayment amount with the Debit Card, you should use Plan Code M to be reimbursed for the 20 miles you drove. You should still complete the full line of information, but you will only be reimbursed for the mileage, not the copayment amount.

## Dependent Care Claims

- Please use the separate form titled Dependent Care Account Reimbursement Request Form.

## Parking/Transit Claims

- Receipts are not required as long as page one of this form is properly completed and separate claims are itemized on separate claim lines.
- The only type of parking that is eligible for tax-free reimbursement is qualified parking on (or near) the employer’s facility, or on (or near) a location from which the employee commutes to work by public transportation. If the parking is on (or near) the employee’s residence, it is not eligible for tax-free reimbursement.

## Individual Insurance Premium

- The bill from the insurance carrier must identify participant, premium amount, coverage period, and policy number.





[LifetimeBenefitSolutions.com.](http://LifetimeBenefitSolutions.com)