

Integrated HRA Claim Form – City of Cincinnati Employees

EMPLOYER INFORMATION

Employer Name: **City of Cincinnati**

SEND THIS FORM, COPIES OF RECEIPTS, EXPLANATION OF BENEFITS & ANY OTHER CLAIM DOCUMENTATION TO:

J&K Consultants, Inc.
2605 Nicholson Road, Suite 1140
Sewickley, PA 15143

Email: CinciHRA@JandKcons.com
(Phone): 877-872-4232
(Fax): 877-599-3724

PARTICIPANT INFORMATION

Employee Name:	Employee ID #:	Date of Birth:

PRESCRIPTION REIMBURSEMENT INFORMATION:

Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:
Date:	Name of Drug:	Co-Pay Amount:

PHYSICIAN OFFICE VISITS:

Date of Visit:	Co-Pay Amount:

EXPLANATION OF BENEFITS: EOBs

Date of Service:	Amount Owed:

Please Note: All medical claims must be submitted first through your Non-City sponsored group health plan. An explanation of benefits (EOB) will be provided to you. Only medical expenses approved by that plan will be reimbursed. Therefore, a drug or medical expense that is not covered by your Non-City sponsored group health plan will not be reimbursed. Cancelled checks and/or credit card statements are NOT sufficient proof of your claim. Failure to provide all information will cause a delay in reimbursement.

EMPLOYEE STATEMENT:

I hereby certify that the information contained on this Reimbursement Claim Form is to the best of my knowledge and belief true and correct and each item is eligible for reimbursement. I understand that any expenses reimbursed are NOT tax deductible on my individual or joint federal tax return.
I certify that the amounts above have not been reimbursed under any other health care plan or program, federal, state, or government program, worker's compensation, or any other policy of health insurance, and that I will not seek reimbursement under any of the aforementioned plans, including another HRA or FSA account.

Employee Signature: _____ Date: _____

All claims incurred in 2017 must be received no later than March 31, 2018.