



Health Reimbursement Arrangement Claim Form

Complete this form to receive credit for your deductible for your Health Reimbursement Account. You MUST attach an Explanation of Benefits and sign this form to receive credit for your payment towards your deductible.

Employee/Participant Information

Employee/ Participant Name	Employee Social Security #
Employer/ Company Name	
<input type="checkbox"/> Change of Address Home Address	City, State Zip
** Email Address	Contact Phone

Expense Information

Date(s) Incurred	Description of Expense	Name of Family Member	Relationship to Employee	Expense Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			Total	\$

Authorization

The undersigned participant in the Plan certifies that all expenses claimed by submission of this form were incurred during a period while the undersigned was covered under the Company's Health Reimbursement Account with respect to such expenses and that the medical expenses have not been reimbursed, or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense. If a fraudulent claim is filed, you will be responsible for paying back the fraudulent claim.

Signature _____ By checking the box to the left I agree to the above terms. **Date** _____

Print Name _____

Fax this form and EOBs to (866) 209-3517
 or mail to Swerdlin & Company, 5901 Peachtree Dunwoody Road, B-100, Atlanta, GA 30328
 or email to flex@swerdlin.net.
 For questions, please call (866) 687-4015.

You must attach your Explanation of Benefits for the above incurred expenses to this form.

** Please provide an Email Address if you would like to receive email notifications from Swerdlin, including notifications when we receive your claims.