



FlexMagic® Consulting, Inc.

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800-889-6260 Outside Denver

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6450 S. Quebec St. Suite 5-28, Centennial, CO 80111-4681

Email to: claims@flexmagic.com

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) CLAIM FORM

Employee Information *(Please Print)*

Employee Name: _____

Day Phone #: () _____ Email: _____

Company Name: Greater Brighton Fire Protection District

Plan Year: 11/1/09 through 10/31/10

Description of Expenses and Claim Amounts Requested

Enter each expense on a separate line and attach any necessary copies of receipts to this form.

HEALTH CARE EXPENSES (See Plan Information and Rules Page for eligible and excluded expenses)					
Dependent Name	Relationship	Types of Service	Dates of Service		Claim Amount
			From	To	
Total Health Care Claim Submitted					\$ _____

EMPLOYEE'S CERTIFICATION OF CLAIM REQUEST

I certify that I incurred the expenses requested for reimbursement from my Employer-Sponsored HRA Plan. The expense(s) have been incurred and **will not be reimbursed by any other insurance or company plan.** To the best of my knowledge and belief, they are eligible for reimbursement under my HRA. I will not use the expenses reimbursed through the Plan as a deduction when filing my income tax return.

Any person who knowingly and with intent to injure, defraud or deceive any qualified plan, files a statement of claim containing false or incomplete information may be guilty of a criminal act punishable under the law.

Health Insurance Portability and Accountability Act (HIPAA)

Under HIPAA regulations you are assured that certain health information, referred to as Protected Health Information (PHI), will be kept confidential. Disclosure of your PHI for any purpose other than for "Plan Administration" such as quality assurance, claims processing, auditing and monitoring or for the purpose of obtaining payment will be limited and subject to state and federal regulations. To learn more about these Privacy Rules contact your HRA Coordinator to receive a complete Notice of Privacy Practices.

Employee Signature: _____ Date: _____

INTERNAL USE ONLY	Claim Review By: _____	Claim Entry Date: _____
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Health Reimbursement Arrangement Reimbursement Instructions

Greater Brighton Fire Protection District

Claiming Your Medical Expenses

You may claim your eligible expenses (See Information and Rules Page for Eligible and Excluded Expenses) by submitting a reimbursement claim form along with copies of your expense receipts (see Claims Documentation).

You may only claim expenses that can be proven with receipts and are eligible under your employer's HRA. You may claim any eligible expenses incurred while you were an active participant in the Plan. If the IRS audits your tax return, you must be able to provide original receipts in order to validate the tax-free medical dollars you received. Medical dollars paid to you do not show as earnings on a W-2 form. Dollars paid to you through the Plan cannot be used as a medical deduction on your tax return. You have a 90-day grace period after the end of each Plan Year in which to make claims. However, the expenses must have been incurred while you were active in the Plan.

To Reclaim Money From Your Spending Accounts

Complete the Claim Form and include a copy of your expense receipt(s) and any required documentation for your claim (Make sure the Claim Form is *signed and dated*).

Submit the Claim Form and a copy of your claim documentation to the following:Mail:

Mail: TPA Claims Department, FlexMagic Consulting, Inc.
6450 S. Quebec St. Suite 5-28, Centennial, CO 80111-4681

Fax: 303-649-1925 or 800-889-6260 Questions: 303-649-1922 or 800-888-9084

You will then receive your tax-free reimbursement as explained under your Plan rules.

The receipt must include the provider's name, type of service, date of service, family member for whom the service was provided, proof the service was incurred during the eligible period, and documentation that the expense was not paid by an insurance plan. A copy of the "Explanation of Benefits" (EOB) from your insurance carrier shows the service was not paid by insurance. Eligible services cannot be reimbursed by insurance or any other plan. Services must be incurred while you are an active participant in the Plan.

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Claim Denial Appeal Procedures

A claim is a request for a Plan benefit by a participant or beneficiary. Except as otherwise described in applicable summaries or booklets describing the benefits provided through this Plan (such as insurance carrier booklets or employer summaries describing your benefits), if you submit a claim for benefits and it is denied, in whole or in part, you or your beneficiary will receive a written explanation from the Administrator within 30 days after filing the claim. If special circumstances require, the Administrator may take up to an additional 15 days to contact you. The Administrator must notify you of this extension before the end of the initial 30-day period.

The Administrator's explanation should state the specific reasons for the denial, references to pertinent sections in the Plan document, additional information you must provide to improve your claim, and the procedure available for further review of your claim. If you do not agree with the reasons for denial of your claim, you may request an appeal within 180 days of receiving the denial. You should attach any documents or records that will support your appeal. As part of the review procedure, you must be allowed to request and receive copies of pertinent documents, although in some cases, approval may be needed for the release of confidential information, such as medical records. You must submit issues and comments in writing. You may have someone act as your representative in the review procedure, if you wish.

A decision will be made in writing within 60 days following the receipt of your request for review or the date that all information required of you is furnished, whichever date is later. If special circumstances require an extension of time, a written notice of the extension will be sent to you. Notification of the decision on review will be clearly described and will specify the reason for the decision.