

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) CLAIM

Voya Benefits Company, LLC

Voya BC, LLC

Members of the Voya® family of companies

Health Account Solutions: PO Box 1168, Minneapolis, MN 55440

Phone: 833-232-4673; Fax: 855-370-0670; Email: HASinfo@voya.com



Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA custodial services provided by Voya Institutional Trust Company.

SUBMITTING A CLAIM

1. Complete **Participant Information** section below
2. Enter the claim information in the **HRA Expenses** section
3. Ensure you have included documentation showing the following details
 - Date the expense was incurred
 - Description of the expense(s)
 - Doctor or name of provider
 - Dollar amount of the expense(s)
4. Fax or e-mail this form to Voya Health Account Services at:
Fax: 855-370-0670
Email: HASinfo@voya.com.

You can verify payments made to you by logging into your account at <https://www.voya.com/ws/myHRA>.

PARTICIPANT INFORMATION

Participant Name (Required) (First) _____ (Last) _____

Employer Name (Required) _____

Daytime Phone (Required) _____ Social Security Number (SSN) (Required) (Last 4 digits only.) _____

Email is required to receive important account notifications such as claim confirmations, payment notifications and denial letters.

Email _____

HRA EXPENSES

Amount Incurred	Service Dates	Description <small>Please refer to your plan description, available through your online portal to determine what expenses are eligible for reimbursement under this plan.</small>	Person Receiving Product/Service
\$			
\$			
\$			
\$			
\$			
\$	Total Expenses Requested		

SIGNATURE

To the best of my knowledge and belief, my statements in this request for reimbursement are complete and true. I am claiming reimbursement only for IRS eligible expenses incurred by my legal dependents or myself (Domestic/Civil Union Partners are not IRS eligible dependents in most cases.) I certify that these expenses have not been and will not be reimbursed from any other source and will not be claimed as an income tax deduction. By submitting this form, I certify the above.

➔ Employee's Signature (Required) _____ Date (Required) _____