

Northwest Marketing Resources, Inc.

Phone: 800-565-0313

Fax: 360-754-1931

www.northwestmarketingresources.com

Health Reimbursement Arrangement Claim Form

To expedite your claim:

- > Provide *all* appropriate information.
- > Review the Total Medical Care Expense amounts before printing.

Employer:

Employee Name:

Social Security Number:

Phone:

E-mail:

Healthcare Expense Claims

➔ Attach a copy of your *EOB* (explanation of benefits) from your medical carrier.

Total Medical Care Expense Claim	\$

Read Carefully: The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Health Reimbursement Arrangement with respect to such expenses and that the medical expenses have not and will not be reimbursed 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.

Your Health Reimbursement Arrangement (HRA) Plan may be limited to the types of healthcare expenses that may be reimbursed to you. Please read the Summary Plan Description for your HRA Plan, for a list of eligible expenses.

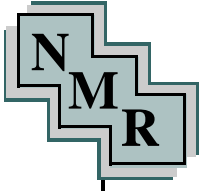
Employee's Signature

Date

Mail Claim Form and Receipts to:
Flex Claims Group, Northwest Marketing Resources.

P.O. Box 447, Olympia, WA 98507

Or Fax to: 360.754.1931



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Health Reimbursement Arrangement

Claim Form & Filing Instructions

On the reverse side of this page is a claim form. Please feel free to copy this form.

When filing your claim, you must attach copies of the receipts and the EOB (Explanation of Benefits) from the carrier. **The receipt must show the date and type of service for the expense.** Canceled checks, credit card slips, or statements showing only a balance due on your account are not allowable.

If you choose to **mail** your claim with receipts, the address is Flex Claims, Northwest Marketing Resources., P.O. Box 447, Olympia, WA 98507. *(Please remember to keep a copy of the claim form and supporting documents for your records.)*

If you choose to **fax** your claim with receipts, the fax number is 360-754-1931. *(Remember to keep the original claim form and supporting documents for your records.)*