

HRA Dental/Vision Reimbursement Request

****Submit your claim online****

Claim Submittal Options

Employer Name:

Employee Name:

Email Address and Daytime Phone #:



BBP Admin
BENEFITS ADMINISTRATION

COBRA, FMLA, FSA, HRA, HSA, TRANSIT

info@bbpadmin.com
www.bbpadmin.com
630 773 2337

PLEASE NOTE: Claims filed manually via email or fax using this claim form can take up to 72 business hours to process.

Step 1 - List amount to be reimbursed \$ _____

I have used my own form of payment to pay this bill - I have attached a copy of the Explanation of Benefits (EOB) from my insurance carrier or an invoice from my provider.

I have paid this bill with my BBP Admin Benefits Card - I have attached a copy of the Explanation of Benefits (EOB) from my insurance carrier, an invoice from my provider to substantiate this purchase.

Step 2 -

Reimbursement Options:

*Please note, your employer may reimburse your claim via payroll so the options listed below may not apply

Check *(Within 7-10 business days after claim release)*

** Please make sure your address on file is current by logging in at <https://betterbusinessplanning.wealthcareportal.com>
There is a \$25 fee to stop and reissue a check.*

Direct Deposit *(Within 3 business days after claim release)*

**If you aren't already signed up for direct deposit please login at <https://betterbusinessplanning.wealthcareportal.com>
and add your direct deposit information. Please note there is a \$25 fee for failed direct deposits*

I affirm that:

- I HAVE NOT ALREADY BEEN PAID FOR THESE EXPENSES FROM MY HRA AND I HAVE NOT REQUESTED and WILL NOT RECEIVE REIMBURSEMENT FOR THESE EXPENSES FROM ANY OTHER PLAN; AND I have submitted the above information in good faith and it is correct to the best of my knowledge.

I understand that:

- Reimbursement is not a guarantee that this payment is tax-free.
- The service(s) for which I am requesting reimbursement must be listed on my plan document in Appendix A, incurred during my period of coverage, which begins the first day of the plan year as set forth by my employer if I enrolled during the Open Season, or the day after my enrollment is accepted by BBP, whichever is later, and *ends based on the year-end option set forth by my employer. *Please see your Summary Plan Description or call BBP for questions regarding this.
- After a plan's end date, I have 30 - 90 days to submit claims (check with your employer). If my benefits have been terminated, I have 60 days from my benefit termination date to submit my claim for reimbursement of eligible expenses incurred during my eligible period of coverage. If I do not submit claims for reimbursement by that date, I will forfeit any funds remaining in my account(s) in accordance with IRS rules.
- I cannot use health care expenses reimbursed through my general purpose HCFSAs or HRA as a deduction on my personal income tax return.
- The expenses for which I am requesting reimbursement are for myself, my spouse, my dependent or adult child through age 26 for HRA expenses.
- I am solely responsible for informing BBP of my updated contact and banking information. PLEASE NOTE: There is a \$25 fee to stop a check sent to the incorrect mailing address or to reissue misplaced checks. There is a \$25 fee for failed direct deposits.

Employee Signature:

Date: