Health care expense claim form

Employee information — please print clearly or complete form online

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Social Security Number

Employer Name

Email Address (if you’d like an email confirming this claim has been received)

For address changes, contact your Human Resources department.

☐ This is a recurring claim - A recurring claim means you only need to complete this form once a year. Claims will be processed on the first of the month following the expense. (ex. January’s expense will be processed on February 1)

☐ HRA claims (non-medical plan family members & spend down only) – I certify my enrollment on an employer sponsored, integrated-HRA medical plan for all HRA claim requests; and claims are for myself, spouse and/or an eligible dependent(s).

Use one line for each expense. Don’t combine two or more expenses on one line. Use additional forms if necessary.

<table>
<thead>
<tr>
<th>Date(s) service was incurred</th>
<th>Name of person receiving service</th>
<th>Name of provider of service</th>
<th>Description of service/supply</th>
<th>Amount requested for reimbursement</th>
</tr>
</thead>
<tbody>
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<td>From</td>
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<td>Through</td>
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</table>

Total reimbursement requested $

Employee certification

I hereby certify that the above information is correct; I have not received reimbursement previously for these expenses from any other plan. I have read the printed materials I have received describing this plan; I will retain a copy of this form and all original receipts for my records; and I am responsible for compliance with all applicable administrative processes; tax regulations and documentation. I understand that it is my responsibility to return any duplicate reimbursement received from any other sources to my account; I am responsible for any and all bank, savings or checking account charges that I incur; and that health care expenses reimbursed through this account cannot be used as a deduction on my personal income tax return. I understand that if I have received an overpayment HealthPartners reserves the right to offset future reimbursements until repayment has been made.

Employee Signature __________________________ Date __________

To send online, log on to your myHealthPartners account at healthpartners.com.

Fax to: 952-883-5026 or 877-624-2287

Mail to: HealthPartners Service Center, CDHP - Mail Route 21104T, P.O. Box 297, Minneapolis, MN 55440-0297


Please retain a copy of this form and all attachments for your records.
Health care expense claim instructions

What’s a health care expense?
It’s an expense you pay for your health care. For example it could be for your prescription medicines, copays, coinsurance, deductibles and more. To find a list of eligible health care expenses, log on to myHealthPartners at healthpartners.com and look at the Eligible Expense Table.

What kinds of documentation can I send?
For eligible health care expenses send a copy of your receipt with your claim form.

You’ll also need to send one of the following as your supporting documentation:

1. Explanation of Benefits (EOB) – the statement you get each time a medical or dental claim is sent to your health plan.
2. An itemized statement or receipt with the:
   » Type of services provided (including prescription name)
   » Date of the service
   » Name of the employee or dependent who received the service
   » Provider’s name
   » Amount remaining after insurance

For some expenses additional information is needed from your doctor. For example, a massage or hormone replacement therapy would require a completed letter of medical necessity from your doctor. You can find this form on healthpartners.com.

These types of documentation can’t be used to substantiate your claims:
• Credit card receipts
• Cancelled checks
• Billing statement showing a previous or forward balance or showing received on account

Before you send your form, check for these common mistakes:
• Did you sign and date the form?
• Did you include your documentation? For more than one expense listed on a receipt be sure you circle each one. Don’t highlight the expense items.
• Did you fill out the claim form completely?
• Does the documentation match the amount you’re asking for?
• Did you keep a copy of your claim form?
• Did you send a copy of your receipts and not the originals? You’ll want to keep the original receipts for your records.

Need more help?
If you need help with a health care expense, call HealthPartners Member Services at 952-883-7000 or 866-443-9352.