

## Healthcare Reimbursement Arrangement Claim Form

Please submit this form with all receipts to:

**Benefit Administration Center  
Ulster Insurance Services  
PO Box 3995  
Kingston, NY 12402  
Fax (845)943-6969**

By submitting this claim form, I (participant named below) request reimbursement from my Healthcare Reimbursement Arrangement as listed below. I agree to the Terms and Conditions stated below; I certify and warrant to Ulster Insurance Services that these are eligible expenses that my dependents or I have incurred.

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Social Security Number</b>	<b>Employer Name</b>	<b>Phone</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>	<b>Email Address</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>

Benny Card Used? Y/N	Has Bill Been Paid Y/N	Requesting us to pay provider directly? Y/N	Name of Patient	Name of Provider	Description of Service	Date of Service	Amount of Bill/Charge

**Terms and Conditions**

I (above-named participant) understand and agree that:

- I am responsible for any inappropriate use or disclosure of my information that occurs due to my selected method of transmitting this information (e.g., fax, email, or any other media).
- I authorize the Plan and its service provider (Ulster Insurance Services), their respective agents, employees, subcontractors, and assigns to use and/or disclose the information provided above as they reasonably deem necessary to manage the Plan (including but not limited to, disclosures to my employer for Plan administration purposes, such as the evaluation of eligibility for reimbursement under the Plan) and to detect or prevent fraud or misrepresentation.
- I give up any claims related to the use, disclosure, or release of this information so long as the information is used for the purposes defined above.
- This authorization does not in any way limit any rights that Ulster Insurance Services, their respective agents, employees, subcontractors, and/or any assigns may have under applicable state or federal law or regulation regarding the use of such information.