



# Health Reimbursement Arrangement Claim Form

YOU MAY USE THIS FORM **OR** FILE CLAIMS ONLINE AT [WWW.ADMINPRO-INC.COM](http://WWW.ADMINPRO-INC.COM)  
(SEE ACCOUNT LOGIN INSTRUCTIONS ON THE BACK OF THIS FORM)  
This form is to be used for non-benefits-debit card claims only

## SECTION 1: Subscriber Information

|   |                  |
|---|------------------|
| NAME  |                  |
| ADDRESS   | CITY, STATE, ZIP |
| EMAIL ADDRESS <i>(for claim correspondence use only)</i>  | DAYTIME PHONE    |
| SOCIAL SECURITY NUMBER (last 4 digits only)<br>XXX – XX – | EMPLOYER         |

## SECTION 2: HRA Claim Information

| Name of Person Expense Covers | Date of Expense | 1. Service Provider Name<br>2. Description of Expense | Net Claim Amount |
|-------------------------------|-----------------|---|------------------|
|                               |                 | 1.<br>2.  | \$               |
|                               |                 | 1.<br>2.  | \$               |
|                               |                 | 1.<br>2.  | \$               |
| <b>TOTAL CLAIMS:</b>          |                 |   | \$               |

### Instructions:

Return this form along with a copy of the Explanation of Benefits (EOB) from your health care provider by fax or mail to:



**AdminPro, Inc.**  
1423 East 11 Mile Road  
Royal Oak, MI 48067-3836  
Phone: (248) 543-2644  
Fax: (248) 543-2296  
Email: [claims@adminpro-inc.com](mailto:claims@adminpro-inc.com)

### Please Read Carefully

The above is a true and accurate statement of unreimbursed medical care expenses incurred by me or my eligible dependents on the date(s) indicated. I certify that these expenses were incurred while I was covered under my employer's group medical plan. Copies of the Explanation of Benefits (EOB) form from my health care provider for all expenses are attached to this voucher. I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax paid for any expense improperly claimed under the Plan.

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

## HRA Claim Filing Instructions

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1. You cannot submit a claim for a service period that begins in one plan year and ends in the next plan year. You will need to submit two reimbursement claim forms; one for each plan year covering the period during that plan year.
2. Complete ALL information on the claim form for each amount claimed for reimbursement.
3. Attach a copy of the Explanation of Benefits (EOB) from your health insurance provider to your completed claim form.
4. Sign and date the claim form.
5. **Keep a copy of the claim form and EOB for your records.**
6. **Submit your claim form with attached EOB by fax or mail to the following address:**

**AdminPro, Inc.**                      Phone 248-543-2644  
1423 East 11 Mile Road      Fax 248-543-2296  
Royal Oak MI 48067              Email [claims@adminpro-inc.com](mailto:claims@adminpro-inc.com)

## Online Access to Your Account

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- File claims online
- Check account balance and claim history
- Review outstanding receipt requirements
- View plan information
- Download forms

## HOW TO LOGIN:

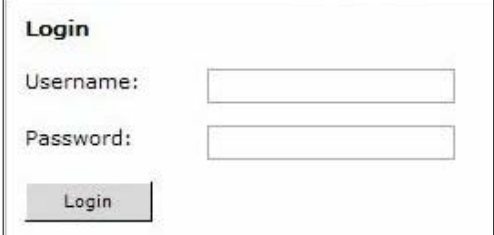
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1. Log into [www.adminpro-inc.com](http://www.adminpro-inc.com) and click on "Employee Flex / HRA Login"

2. Login using the following:

Username:      First initial (cap), full last name  
(lowercase) and the last 4 digits of your SSN.

Example: John Smith 123-45-6789 would login as:  
[Jsmith6789](#)



The screenshot shows a login form with the following elements:

- Login** (header)
- Username: [text input field]
- Password: [text input field]
- Login [button]

*If this is your first time logging onto the system, use **Password1** as your password. You will be prompted immediately to create a new, unique password before entering the participant portal.*