

Healthy San Francisco HCSO Reimbursement Claim Form

EMPLOYEE INFORMATION

Name: _____ Social Security#: _____ - _____ - _____
 Address: _____ Company Name: _____
 City/State/Zip: _____

Please check box if address is new

HRA Medical Reimbursement

Date of Service	Name of Service Provider	Expense Description	Person for whom the expense was incurred	Amount of Charge
Total Amount Requested: _____ →				

Please arrange documentation in order listed above.

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's HCSO Plan. The undersigned fully understands that he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and 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.

Employee's Signature (must be signed for proper processing)

Date

BeneFLEX HR Resources Inc.
10805 Sunset Office Drive, Suite 401
St. Louis, MO 63127
314.909.6983 (fax)

Fax OR Mail (both are not necessary)
Along With Supporting
Documentation
<http://www.beneflexhr.com>

HCSO HRA claims administered by BeneFLEX.

The Health Care Security Ordinance (HCSO) is a San Francisco law that created an Employer Spending Requirement enforced by the Office of Labor Standards Enforcements. The Employer Spending Requirement requires Covered Employers to spend a minimum amount of money on Health Care Expenditures for their Covered Employees. Your employer is satisfying the HCSO requirement by supplying you with a HCSO Health Reimbursement Arrangement (HRA). For more information on your HCSO HRA, please see the Summary Plan Description.

HCSO GUIDELINES FOR SUBMISSION OF CLAIMS: *The IRS provides the following guidance:*

Medical Reimbursement

- When receipts are submitted to BeneFLEX, they must show the following information:

1. Who rendered the service (name and address)?
2. What type of service rendered?
3. Date service was provided, not a billing or due date
4. Amount of charge

NOTE: In order to process your claim all 4 pieces of information must be on each receipt.
(This includes receipts for orthodontic services)

- Canceled checks and credit card slips are not allowable receipts.
- Any amount claimed which is a 'Previous Balance', 'Balance Forward', etc. cannot be paid unless the information stated in items 1-4 above is shown on the receipt.
- Receipts must show all expenses incurred. Any over-payment, pre-payment, etc., for which no services are listed, cannot be reimbursed.
- BeneFLEX cannot reimburse for any medical expenses incurred before activation in the HCSO HRA plan.
- **Over the Counter (OTC) drugs** – Partial listing online at beneflexhr.com
 1. When and Who Sold the product (date, name and address)?
 2. Type of OTC purchased. *Must show product or brand name
 3. Amount of charge
- * If the receipt does not show the name of the product, you can write the product name on the receipt. You must have the cashier verify by signing their name.
Canceled checks and credit card slips are not allowable receipts.

For Your Reference

- To ensure timely reimbursement, all claims must be faxed to (314) 909-6983 or mailed to 10805 Sunset Office Drive, Suite 401 St. Louis, MO 63127 and received no later than 1:00 p.m. (PST) Tuesday for Thursday processing.
- If you fax your claim, keep a copy of the confirmation statement in case BeneFLEX does not receive your paperwork.
- If you terminate employment, check your SPD to see the Grace Period and run-out period you have available to use and file claims for your HCSO funds.
- Please itemize the expenses on your claim form.
- You can contact BeneFLEX HR Resources, Inc. by e-mail at info@beneflexhr.com or by calling (800) 631-3539 for questions regarding your plan.

Visit our web page or voice account system for HCSO information and account balance we provide to you.

www.beneflexhr.com - click on HCSO - you can click on the employee account for web access to your Social Security protected account or you can link to HCSO FAQ's, FAQ's for your medical reimbursement account, general HCSO details, direct deposit form and/or a claim form. To hear your account balance on the phone call 913-789-4600. It will ask for your Social Security Number and allow you to check your account balance by using your keypad.