



# HRA Account Reimbursement Request Form

## Participant Information

Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Participant ID: \_\_\_\_\_

To update your information, log on to your account at <https://cda.basiconline.com/>

## How to Submit for Reimbursement

**CDA Portal:** Skip this form and visit <https://cda.basiconline.com/>. Select Request a Reimbursement, follow the prompts and upload documentation.

**Secure Upload:** Visit <https://claims.basiconline.com/Portal.aspx> and upload this form and documentation.

**Fax** this form and documentation to 269-327-0716

**Mail** this form and documentation to BASIC CDA Dept. PO Box 6278, Monona, WI 53716

### Required documentation for reimbursement:

- BEST: Explanation of Benefits (EOB) from the insurance carrier.
- ALTERNATIVE: Documents that show the date of service, description of service or purchased items, amount paid, and provider's name and address.

## Itemized Expenses

HRA eligibility and allowable expenses are determined by your plan. Please consult your SPD for more information.

Date(s) of Service	Provider / Merchant	Amount
		\$
		\$
		\$
		\$
		\$

I certify that I have not already been paid for these expenses from my HRA Plan or any other source. 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. The service for which I am requesting reimbursement must be incurred during my period of participation. Services incurred after participation ends are not eligible for reimbursement even if there was a balance remaining in my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_