



SMART LOCAL 36 HRA CLAIM FORM
 2319 CHOUTEAU AVE., SUITE 300
 SAINT LOUIS, MO 63103
 phone 314-652-8175
 fax 314-652-0338

Participant Information			
Participant's Name (last, first, middle initial)		Date of Birth	Social Security Number
Mailing Address			
City	State	Zip	Phone Number

Please submit a copy of your Explanation of Benefits Form (EOB). You must also provide a proof of payment receipt for all requested reimbursements. For prescription copayment reimbursements, a copy of the drug label stub or a printout from your pharmacy is required. For over the counter items (see back of this form for a list of approved reimbursable expenses) you must provide a prescription form a physician. Cash register receipts alone are not acceptable. Expenses are not eligible for reimbursement until ALL appropriate documentation is received in the Fund Office.

QUALIFIED HEALTHCARE EXPENSES

Item No.	Patient Name	Date of Service	Name of Provider	Expense Description	Claim Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

I acknowledge that the Plan Administrator shall pay or reimburse approved expenses from the appropriate account up to the account balance. I certify that the dependents for whom I am submitting claims are eligible dependents according the Section 152(a) of the IRS Code and as described in IRS Publication 502. I also certify that any expenses reimbursed are for eligible medical expenses for myself, my spouse, or eligible dependents and such expenses have not and will not be reimbursed under any other Health Savings Account, insurance plan or claimed as a deduction on a tax return or tax deductible plan.

Signature	Date
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Eligible Expenses

- a. In-network (Tier I and Tier II) co-pays, deductibles and co-insurance
- b. IVF related charges
- c. Premiums for self-pay and retiree coverage (cannot be use for COBRA premiums)
- d. Dental/Vision expenses for exams and devices including the cost of prescription lens for safety glasses
- e. The following Over the Counter Medications **with a prescription**
 - 1) Drugs or dietary supplements for specific medical condition
 - 2) Allergy/cold/sinus medicines including antihistamines & nasal sinus sprays
 - 3) Pain relievers/analgesics/aspirin for pain
 - 4) Antacids
 - 5) Digestive related medication (eg Anti-diarrhea, laxative)
 - 6) First aid creams (eg bactine, rash ointment, ointment for sunburn or burns)
 - 7) Other wound care products (eg ace wraps/braces/bandages (not band aids))
 - 8) Hemorrhoid medication
 - 9) Motion sickness pills
 - 10) Muscle/joint pain relief
 - 11) Pedialyte
 - 12) Pills related to lactose intolerance
 - 13) Sleeping aid medication
 - 14) Eye drops for dry or itchy eyes due to medical condition
 - 15) Hearing Aid batteries

SUBMIT CLAIMS TO:
SMART LOCAL 36 HRA FUND
2319 CHOUTEAU AVE., SUITE 300
SAINT LOUIS, MO 63103