



# Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) Employee Reimbursement Claim Form

Company Name: \_\_\_\_\_

Employee First and Last Name \_\_\_\_\_

Home Address (Street/City/State/Zip) \_\_\_\_\_

Home Phone \_\_\_\_\_

### MEDICAL CARE EXPENSE REIMBURSEMENT INFORMATION:

Date of Expense Incurred	Name of Service Provider or insurer	Expense Description (including the name of the recipient of service or premium )	Amount of Expense
<b>Attach appropriate receipts and submit with this claim form.</b>		Total Medical Expense Claim	\$

### MODEL ATTESTATION FOR REQUEST FOR REIMBURSEMENT OF AN INCURRED EXPENSE:

*Instruction – Complete the following for any expenses being reimbursed from the QSEHRA.*

I am covered under the following medical coverage \_\_\_\_\_.(insert name of medical coverage) My medical coverage continues to be minimum essential coverage (MEC). The submitted medical expense has not been previously reimbursed and reimbursement will not be sought for the expense from any other arrangement or medical plan.

*Instruction – Also complete the following if a family member's expenses can be reimbursed from the QSEHRA.*

The following family member(s) (insert names of family members):

\_\_\_\_\_

are covered under the following medical coverage: \_\_\_\_\_(Insert name of medical coverage). The medical coverage continues to be MEC. The submitted medical expense has not been previously reimbursed and reimbursement will not be sought for the expense from any other arrangement or medical plan.

Signature of Participant \_\_\_\_\_

Date Signed \_\_\_\_\_

### For Office Use Only

Claim Number: \_\_\_\_\_



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## QSEHRA Claim Filing Procedures

### How To File A Claim:

- Complete all information on the claim form for each amount claimed for reimbursement.
- Make sure the claim does not include items for more than one calendar year. Use different claim forms for different years.
- You must sign and date the claim form.
- Attach a copy of your **Explanation Of Benefits (EOB)** which supports each reimbursement request. *Please include all pages (front and back) of the EOB.*
- Attach copy of a bill, invoice or other written statement from a third party which supports each reimbursement request and shows the date the service was incurred.

### Claim Form:

If you **mail** your claim with EOB's or receipts, remember to keep a copy of the claim form and supporting documents for your records.

### Where To Send A Claim:

Mailing Address: Stearns HR Compliance and Consulting  
Attn: Claims Department  
P.O. Box 866  
Sterling Heights, MI 48311

Phone: (877) 6COMPLY

Email: [service@stearnsshr.com](mailto:service@stearnsshr.com)