

HRA/Flex Expense Voucher

Employer:	Connections Credit Union	Universal Plan Administators
Employee Name:		1053 21st St
Today's Date:		Lewiston, ID 83501
Phone# or Email:		1-800-222-0901 toll free
Signature: (Mandatory)		(208) 746-7046 phone (801) 571-8779 fax mwinker@rickwoodsinsurance.com www.myrsc.com

HRA CLAIMS (Explanation of Benefits (EOB) is Required)

<p>If you are on the MERP, Deductible driven expenses are eligible under the HRA. Employee must meet their first \$3,000 ded and then CCU will reimburse you up to \$2,000 for deductible driven expenses. \$500.00 towards co-pays</p>	Claim Amount	Date of Service	Description

FSA (Flex) CLAIMS (Receipt/Statement/EOB must include Patient's Name, Date of Service, Provider's Name, & Amount Owed by Patient)

<p>Did you use your mySourceCard for this transaction?</p>	Claim Amount	Date of Service	Description
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

The above-signed participant certifies that all expenses claimed on this form were incurred during the period he/she was covered under the above named employer's Flexible Spending Plan and/or HRA 105 Plan and its provision with respect to such expenses. The expenses were incurred by the participant or his/her eligible dependents and will not be, or have not been reimbursed by his/her insurance or any other benefit plan. These expenses will not be used as deductions or credits when filing the participant's income tax.

Itemizing your receipts on this voucher and sending them together is necessary so we may properly reimburse them.