



HRA CLAIM FORM

College of the Atlantic

HRA Claim Year: January 1, 2020 through December 31, 2020

Health Plan Renewal Date: January 1

EMPLOYEE INFORMATION	
PLAN PARAMETERS	

HRA-S-GX-00

\$600 Single or Family

All medical, vision and dental expenses eligible under IRS Code Section 213(d)

Employees and IRS-defined dependents enrolled in the Aetna Open Choice PPO Plan.

HRA Claim Form with Group Health Plan Explanation of Benefits (EOB) OR the itemized receipt or statement from the service provider.

QUALIFIED EXPENSES				
Provider Name	Service(s)/Item(s) Purchased	Services for (Name/Relationship)	Service Dates	Expense
TOTAL:				

<p>Group Dynamic, Inc. Address: 411 US Route One, Falmouth, ME 04105 Email: claims@gdynamic.com Fax: 207-518-5200</p>
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I request reimbursement for my qualified medical expenses. I certify that I incurred these expenses as a participant in the HRA plan established by the employer named above and that these expenses must qualify for reimbursement under the terms of my employer's plan expenses and the Internal Revenue Code and cannot be claimed as credits or deductions on my personal income tax. I understand that reimbursements from this plan are paid from my employer's HRA Plan and I acknowledge that I am responsible for paying each provider for the medical services received. I have retained copies of the documentation enclosed with this request. I understand that materials submitted will not be returned to me.

SIGNATURE:	DATE:
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GDI Use Only: NE

*Reimbursement requests received before 12 Noon (ET) on Tuesday will be processed that week.
 Requests received after 12 Noon (ET) on Tuesday will be processed the following week.*

Phone: 207-781-8800

Website: www.gdynamic.com