

# HCSO HRA Reimbursement Claim Form

## BeneFLEX HR RESOURCES, INC

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City /State/Zip: \_\_\_\_\_

Please check box if address is new

### HCSO HRA Reimbursement

Date of Service	Name of Service Provider	Expense Description	Person for whom the expense was incurred	Amount of Charge
<b>Total Amount Requested:</b>				—————→

**Please arrange documentation in order listed above.**

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's HCSO Plan. The undersigned fully understands that he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including Federal, State, or City income tax on amounts paid from the Plan which relate to such expense.

\_\_\_\_\_  
Employee's Signature (must be signed for proper processing)

\_\_\_\_\_  
Date

BeneFLEX HR Resources Inc.  
10805 Sunset Office Drive, Suite 401  
St. Louis, MO 63127  
314.909.6983 (fax)

Fax OR Mail (both are not necessary)  
Along With Supporting  
Documentation  
<http://www.beneflexhr.com>



HCSO HRA claims administered by BeneFLEX

**The Health Care Security Ordinance (HCSO) is a San Francisco law** that created an Employer Spending Requirement enforced by the Office of Labor Standards Enforcements. The Employer Spending Requirement requires Covered Employers to spend a minimum amount of money on Health Care Expenditures for their Covered Employees. Your employer is satisfying the HCSO requirement by supplying you with a HCSO Health Reimbursement Arrangement (HRA). For more information on your HCSO HRA, please see the Summary Plan Description.

## HCSO HRA GUIDELINES FOR SUBMISSION OF CLAIMS

The IRS provides the following guidance:

### Reimbursement

- When receipts are submitted to BeneFLEX, they must show the following information:

1. Who rendered the service (name and address)?
2. What type of service rendered?
3. Date service was provided, not a billing or due date
4. Amount of charge

**NOTE: In order to process your claim all 4 pieces of information must be on each receipt.**  
(This includes receipts for orthodontic services)

- Canceled checks and credit card slips are not allowable receipts.
- Any amount claimed which is a 'Previous Balance', 'Balance Forward', etc. cannot be paid unless the information stated in items 1-4 above is shown on the receipt.
- Receipts must show all expenses incurred. Any over-payment, pre-payment, etc., for which no services are listed, cannot be reimbursed.
- BeneFLEX cannot reimburse for any medical expenses incurred before activation in the HCSO HRA plan.

### For Your Reference

- To ensure timely reimbursement, all claims must be faxed to (314) 909-6983 or mailed to 10805 Sunset Office Drive, Suite 401 St. Louis, MO 63127 and received no later than 1:00 p.m. (PST) Tuesday for Thursday processing.
- If you fax your claim, keep a copy of the confirmation statement in case BeneFLEX does not receive your paperwork.
- If you terminate employment, check your SPD to see the Grace Period and run-out period you have available to use and file claims for your HCSO funds.
- Please itemize the expenses on your claim form.
- You can contact BeneFLEX HR Resources, Inc. by e-mail at [info@beneflexhr.com](mailto:info@beneflexhr.com) or by calling (800) 631-3539 for questions regarding your plan.

**For more information about HCSO or to view your account balance, visit us at:**

[www.beneflexhr.com](http://www.beneflexhr.com)

**To access your account balance** – Click on *Employee* and then *Employee Login*.

Your username is the first initial of your first name, your last name, the last four of your SSN, and your two letter home state abbreviation.

**For example: Judy Smith 000-00-1234 California**

**Username: jsmith1234CA**

**Password: beneflex**



**BeneFLEX HR Resources Inc**

10805 Sunset Office Drive, Suite 401

St. Louis, MO 63127

Phone: 800.631.3539

Email: [info@beneflexhr.com](mailto:info@beneflexhr.com)