



TAXSAVER HEALTH OPTIONS/PREMIUM REIMBURSEMENT ACCOUNT (PRA) CLAIM FORM

Use this form for reimbursement of individual health insurance policy premiums.

if this includes documentation for previously denied claim

if new email address if new address

Number of pages _____

Section A – Account Holder Information (Please Print)

ACCOUNT HOLDER'S NAME LAST		FIRST	MIDDLE	Spending Account ID# S A
STREET ADDRESS				SOCIAL SECURITY # (if SA# not known)
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
ACCOUNT HOLDER EMAIL ADDRESS			EMPLOYER NAME	

Section B – Claim Detail (Please Print)

All fields in this section must be completed. If information is missing, the processing of your claim may be delayed or denied. Supporting documentation must be attached. See the reverse side of this form for more detailed Claim Filing directions.

Date(s) of Coverage	Name of Policyholder	Name of Insurance Company	Type of Coverage	Reimbursement Requested
- - to - -				\$
- - to - -				\$
- - to - -				\$
- - to - -				\$
- - to - -				\$
- - to - -				\$
			TOTAL	\$

Section C – Account Holder Signature

I certify that the expenses listed above have been incurred by me and/or my eligible dependents and qualify for reimbursement. These expenses have not been reimbursed and I will not seek reimbursement elsewhere. I understand that the expense for which I am reimbursed may not be used to claim any Federal income tax deduction or credit.

ACCOUNT HOLDER SIGNATURE	DATE
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Save time: submit this information online. Questions? Call Member Services at 1-800-859-2144.

Submit online:
Log into your account at
hellofurther.com

Send via secured email only:
further.documents@hellofurther.com

Fax to:
866-231-0214

Mail to:
PO Box 982814
El Paso, TX 79998-2814

How to File a Claim

To receive reimbursement for eligible Premium expenses:

1. **Sign into your account at hellofurther.com, select submit a claim, and complete the required fields.**
2. **Provide supporting documentation** of your eligible expenses for each claim line item. This documentation is required by the IRS. **Cancelled checks do not qualify as IRS acceptable documentation.**

Supporting documentation must include:

- Date span insurance covers
 - Name of policy holder
 - Name of insurance company
 - Type of insurance
 - Amount of expense
3. **If you can't submit online, fax or mail your claim form with supporting documentation to Further.**
 - To **fax** your claim form and supporting documentation:
 - a) complete and sign the claim form using a dark pen
 - b) make sure your supporting documentation is on white paper
 - c) fax to: 1-866-231-0214
 - To **mail** your claim form and supporting documentation:
 - a) complete and sign the claim form using a dark pen
 - b) include copies of documentation. Do not mail originals
 - c) mail to: Further, PO Box 982814, El Paso, TX 79998-2814

Note: Do not highlight items on your claim form or supporting documentation, as it interferes with claims processing. Instead, circle with a dark pen as needed.

4. **Keep a copy** of the claim form and supporting documentation for your records or upload to **our electronic document storage at hellofurther.com.**
5. **To receive your reimbursement faster**, sign up for direct deposit by logging into your account at **hellofurther.com.**

Appeal Information

The Explanation of Processing Report explains how your claim was processed based upon the information submitted to us. You or your designated representative may appeal a denial, partial denial, or reduction of your claim by following our appeal procedures. You may contact customer service at 1-800-859-2144 for an explanation of your appeal rights. If you disagree with our decision on your claim, you have the right to submit a written request for an appeal review to Further, PO Box 982814, El Paso, TX 79998-2814. We can send you a form to file your appeal or you can obtain a copy of the appeal form at hellofurther.com. You have until the later of your plan's run out end date or 180 days from the date of this notice to file an appeal. If you have terminated employment during the year or if you are unsure of your plan's run out end date please contact your group representative or contact our customer service department. You may also submit any documents, records, or other information that relates to your claim for benefits. Upon receipt of your request, we will provide a full and fair review of your appeal and a written notice of our decision either by letter or an explanation on the Explanation of Processing Report within 30 days.

If you are a member of a group plan that is subject to the Employee Retirement Income Security Act (ERISA), once you have exhausted our appeal process, you have the right to file suit in Federal Court under Section 502(a) of ERISA.