

Repayment Form

Use this form to pay back a **claim reimbursement** or **benefits card transaction**

Mail completed form and check to: HRA VEBA Trust Contributions, PO Box 807, Spokane, WA 99210

You may need to pay back part or all of a **claim reimbursement** or **benefits card transaction** if you later find that (1) the claim was or should have been reimbursed from another source, such as a health flexible spending account (FSA), a health savings account (HSA), or another medical plan; (2) your actual out-of-pocket amount was less than the reimbursement amount you received; or (3) you are unable to provide sufficient documentation to show that a benefits card transaction was for a qualified medical care expense.

1 PARTICIPANT INFORMATION

If you have more than one participant account, enter the participant account number for the account from which the claim reimbursement was received or benefits card transaction occurred.

ACCOUNT NUMBER or SSN _____ DATE OF BIRTH mm / dd / yyyy _____

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

AREA CODE and PHONE NUMBER _____ EMAIL ADDRESS (use home or personal email address) _____

EMPLOYER NAME	EMPLOYER ID (if available)
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2 REPAYMENT INFORMATION AND SUBMISSION INSTRUCTIONS

Enter the required information for each **claim reimbursement** or **benefits card transaction** you are paying back. To look up claim numbers or benefits card transaction ID numbers, log in at hraveba.org and click **Claims** or **Benefits Card**.

Claim No. or Transaction ID	Date of Service or Transaction	Repayment Amount	Reason
Total Repayment Enclosed			
Check No.			

Make check payable to: **HRA VEBA Trust**
 Mail **check** and **completed form** to: HRA VEBA Trust Contributions
 PO Box 807
 Spokane, WA 99210

3 CERTIFICATIONS: READ BEFORE SUBMITTING

By completing and submitting this form, you agree to the **Terms and Conditions**, as amended from time to time, which can be found in the **Plan Summary**. To get a current copy, log in at hraveba.org and click **Resources** on the menu bar, or contact our Customer Care Center at customer care@hraveba.org or 1-888-659-8828.