



## Medical City Management

### Health Reimbursement Arrangement (HRA) Claim Form

\_\_\_\_\_  
**Participant Last Name/First Name – please print**

\_\_\_\_\_  
**Social Security Number**

This HRA plan utilizes an automatic convenience feature through which your participating insurance carrier will automatically send TaxSaver Plan certain deductible expenses that you, your covered spouse, or your covered dependents have incurred under the insurance plan during the HRA plan year. Once you have met \$500 of your individual or family health plan deductible, you will have access to your HRA funds. This deductible information will be transmitted to TaxSaver Plan automatically and matched against any debit card transactions to substantiate the transactions on the Flex Debit Card. By using this form to submit expenses for reimbursement, you certify that the expenses submitted have not previously been paid for with the Flex Debit Card.

I, or my spouse or eligible dependent, have incurred the following expenses that qualify for reimbursement under the provisions of this Plan:

**TOTAL Claim for reimbursement \$ \_\_\_\_\_**

**TOTAL Flex Debit Card expenses \$ \_\_\_\_\_**

I further testify that I have attached records necessary to substantiate these expenses. I understand that since these expenses are reimbursed through my reimbursement account, they may not be claimed as a federal income tax deduction or credit at year end. I further certify that I will not submit these expenses for payment by a third party, such as my major medical plan, or any other health plan, such as an individual policy or my spouse's or dependents' health plan.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant Signature**

#### Documentation Required:

For reimbursement from the HRA plan, you must submit: Health Plan Explanation of Benefits statement that substantiates eligible health plan expenses applied to the deductible year-to-date.

**Submit Claim To:** Tax saver Plan  
P.O. Box 609002  
Dallas, Texas 75360  
214-528-8122 Fax  
[claims@taxsaverplan.com](mailto:claims@taxsaverplan.com) attach jpg, tiff, pdf, or jif files.

**Contact Us:** 800-328-4337  
[csr@taxsaverplan.com](mailto:csr@taxsaverplan.com)  
[www.taxsaverplan.com](http://www.taxsaverplan.com)