VantageLinks

For claims incurred 1/1/2020 through 12/31/2020

Please Check HRA Plan You Are Submitting

□ **Employee Only $1,500 Deductible**
1st $ 500 paid by Employee
2nd $1,000 paid by Employer

□ **Employee Plus One $3,000 Deductible**
1st $ 500 paid by EE for each member
2nd $1,000 paid by ER for each member

□ **Family Coverage $4,500 Deductible**
1st $ 500 paid by EE for each family member
2nd $1,000 paid by ER for each family member
(Minimum 3 Family Members to meet Family Deductible)

Note: The HRA reimburses out-of-network claims up to the in-network amount.

EMPLOYEE INFORMATION

Name: _____ Social Security#: XXX – XX - ___ ___ ___ ___

Address: _____ Company Name: VantageLinks

City/State/Zip: _____

Date of Birth: _____ Gender: _____ Daytime Phone Number: _____

☐ **Please check box if address is new**

MANDATORY SPOUSE/DEPENDENT INFORMATION*
(If claim is for spouse/dependent)

Name: _____ Social Security#: XXX – XX - ___ ___ ___ ___

Date of Birth _____ Gender: _____

Detail of Request

Date of Service Must be Itemized	Name of Service Provider	Expense Description	Person for whom the expense was incurred*	Enter the dollar amount
	Total Amount Requested:		→	

Please attach (EOB) Explanation of Benefits in order listed above.

The undersigned participant in the Plan certifies all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's HRA Plan. The undersigned fully understands he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and certifies in advance of the transaction that any expense paid through the HRA has not been reimbursed and that the participant will not seek reimbursement from any other plan covering health benefits.

_____ _____

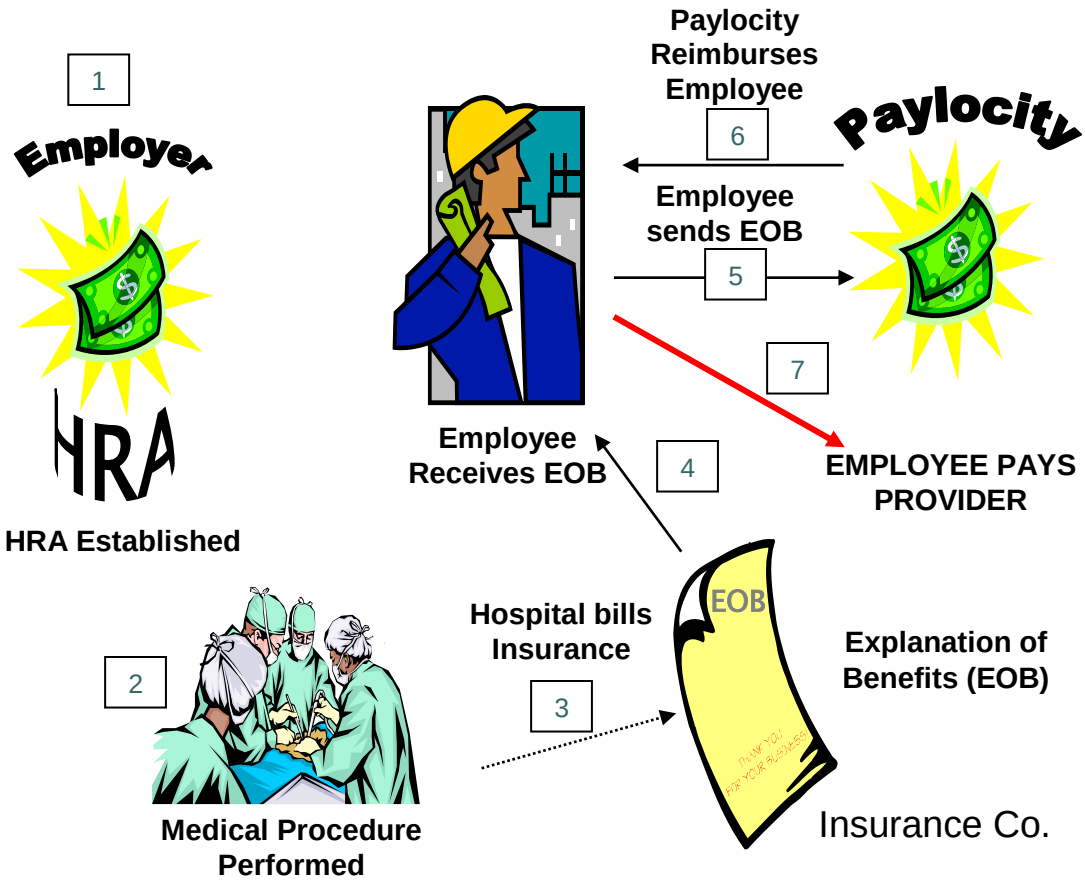
Employee's Signature (must be signed for proper processing) Date

Paylocity
Secure Email: batinfo@paylocity.com
Mail: 10805 Sunset Office Drive, Suite 401, St. Louis, MO 63127
Phone: (800) 631-3539
Fax: (314) 909-6983

Return this form along with all supporting document to Paylocity or submit your claim via the Employee Portal or Mobile App.

To be reimbursed, **you must submit your** (EOB) **Explanation of Benefits** from your insurance company.

HRA Example in a Nutshell



1 - Employer sets up an HRA – a promise to reimburse a portion of the deductible.
2 - Participant has a qualifying medical event.
3 - Carrier receives medical bill and creates the EOB.
4 - Carrier sends EOB to participant.
5 - Participant sends claim form and EOB to Paylocity.
6 - Participant receives reimbursement from Paylocity.
7 - Participant pays the provider.

Facts for Your Reference

- If you terminate employment, any expenses **incurred** after your termination date are not eligible for reimbursement. Medical Expenses can still be claimed if you continue your participation under COBRA.
- All claims must be signed and dated.
- Submit your claim via the Employee Portal or Mobile App or email, mail or fax us your claim along with all supporting documentation.
- If you fax your claim, keep a copy of the confirmation statement in case Paylocity does not receive your paperwork.
- Please itemize each (EOB) Explanation of Benefits on your claim form.
- To ensure reimbursement in a timely manner, Paylocity must receive all claims no later than 3:00 p.m. (central) on Monday for weekly processing.

For questions, contact the Paylocity Customer Service Team at (800) 631-3539 or email batinfo@paylocity.com