

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

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

Complete when faxing: # of pages _____
To expedite reimbursement, fax this form and supporting documentation to 1-866-231-0214. This form serves as the cover page.

if this is a resubmission if new address

SECTION A – Account Holder Information (PLEASE PRINT)

ACCOUNT HOLDER'S NAME LAST	FIRST	MIDDLE	SELECTACCOUNT ID#
			S A
STREET ADDRESS			SOCIAL SECURITY # (if SA# not known)
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
		-	() -
EMPLOYER'S 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. Supporting documentation must be attached. See reverse side of this form for more detailed claim filing instructions.

Date(s) of Coverage	Name of Policyholder	Name of Insurer	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

RETURN THIS FORM TO: SelectAccount
P.O. Box 64193
St. Paul, MN 55164-0193
FAX: (651) 662-7247
(866) 231-0214

CUSTOMER SERVICE:
(651) 662-5065
1-800-859-2144

HOW TO FILE A CLAIM

To receive reimbursement for eligible expenses follow the steps below:

1. **Complete and sign the TaxSaver Health Options PRA Claim form using a dark pen.** (If your form is unsigned or incomplete, your claim request will be delayed or denied.)
2. **Provide supporting documentation** of your eligible expenses for each line item in Section B of the claim form. This documentation is required by the IRS. **Cancelled checks do not qualify as IRS acceptable documentation.** Supporting documentation must include:
 - Date of covered insurance
 - Name of person receiving coverage
 - Name of insurer
 - Amount charged for premium

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

3. **Fax or mail (not both) your claim form with supporting documentation to SelectAccount.** (Faxing is faster.)
 - 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: (651) 662-7247 or (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: SelectAccount, PO Box 64193, St. Paul, MN 55164-0193
4. **Keep a copy** of the claim form and supporting documentation for your records.
5. **Receive your reimbursement** by mail or direct deposit. (Direct deposit is faster). To sign up for direct deposit, complete an *Authorization for Direct Deposit* form and return it to SelectAccount. Forms are available at www.selectaccount.com or by calling SelectAccount Customer Service at 651-662-5065 or 800-859-2144.

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 or 651-662-5065 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 SelectAccount, P.O. Box 64193, St. Paul, MN 55164-0193. We can send you a form to file your appeal or you can obtain a copy of the appeal form at www.selectaccount.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.