



State of Florida

Post-Deductible HRA Verification Form



Until you have met the IRS-mandated deductible amount (\$1,350 single/\$2,700 family) of your High Deductible Health Plan (HDHP), you cannot be reimbursed from your post-deductible health reimbursement account. **Use this form to notify Chard Snyder that you have met your minimum medical deductible on your HDHP.** After verification has been processed and approved, you may submit claims for any eligible expenses from your post-deductible HRA.

ENROLLEE (PRIMARY ACCOUNT HOLDER) INFORMATION (PLEASE PRINT)		
Last Name	Primary Phone () -	
First Name	Secondary Phone () -	
People First ID	Date of Birth (mm/dd/yyyy) / /	
Street Address (Check if New Address <input type="checkbox"/>)	Email	
City	State	Zip

Attach a copy of an Explanation of Benefits (EOB) from your health insurance plan showing that your IRS-mandated deductible has been met. It must include dates of all services, amounts paid by insurance, the names of the persons the expenses were paid for and the date the deductible was met. Please note that for general-purpose medical expenses to be eligible for reimbursement the dates of service must be on or after the date you met your deductible. Expense amounts used to meet the IRS-mandated health insurance deductible are not reimbursable.

Health Insurance Plan	Please check the coverage level of your plan (HDHP) <input type="checkbox"/> Single <input type="checkbox"/> Family	
Date Range of Services	From / /	through / /
Deductible Amount Paid		
Date Deductible Met / /		

CERTIFICATION	
To the best of my knowledge, all of the information provided on this form is accurate. I have attached a copy of my health insurance carrier's Explanation of Benefits that shows my deductible has been met and I would now like to receive reimbursement from my post-deductible health reimbursement account for general-purpose medical expenses.	
Enrollee Signature (Required)	Date / /

SEND THIS FORM WITH A COPY OF YOUR EOB TO CHARD SNYDER (DO NOT SEND ORIGINAL DOCUMENTS)	
Please submit this form with your required documentation to Chard Snyder by one of the two methods listed to the right.	<input checked="" type="checkbox"/> FAX: 888.245.8452 (Please DO NOT include a Fax cover page) <input checked="" type="checkbox"/> Mail: 6867 Cintas Boulevard, Mason, OH 45040

Health Reimbursement Account Post-Deductible Verification Form Instructions

1. **Complete all enrollee information** on the front page (please print/type).
2. **Attach supporting documentation.** A copy of an EOB must accompany this request. *Do not highlight any part of your EOB.* Be sure to keep your original EOB for your records. We destroy all supporting documentation daily to preserve your privacy. This request must include the following information to be eligible:
 - Health insurance plan name
 - Original date of service (not the date of payment)
 - Amounts paid by health insurance plan
 - Name of the person whose expense was paid
 - Date the deductible was met
3. **Date range of services:** Provide the first and last date that services covered by the insurance deductible were provided to anyone who is covered by the health plan.
4. **Health Plan Deductible Information:** Complete all required information and attach EOB as described above.
5. **You MUST sign and date** the 'CERTIFICATION' section on the front of this page.
6. **Fax or Mail** this form and supporting documentation directly to Chard Snyder:
 - Fax:** 888.245.8452 (*Please DO NOT include a Fax Cover Page*)
 - Mail:** 6867 Cintas Boulevard, Mason, OH 45040
7. If you have questions, please contact us:
 - Call Customer Service:** 855.824.9284
 - Visit our Website:** PeopleFirst.MyFlorida.com
 - Email your questions:** FloridaAskPenny@chard-snyder.com For security reasons, please do not send claims or personal information through email.
8. **Important Reminders:**

All documentation is saved as electronic images. To ensure your request is processed as soon as possible and avoid delays:

 - Do NOT use a fax cover page when faxing
 - Do NOT highlight any part of your EOB
 - Only send copies of your EOB (Keep your originals)
 - Multiple EOBs should be totaled on one verification form
 - Only dates of service incurred during the current plan year will be considered