

HealthSecure HRA® Benefits Card Supporting Documents

The Variable Annuity
Life Insurance Company (VALIC)
Houston, Texas



Submit your supporting documentation online. It's faster and more secure: (1) Log in at **HRAgo®** (mobile app) or **HealthSecureHRA.com**; (2) Click **Benefits Card**; and (3) Click **Submit Supporting Documentation**. Or, mail completed form and supporting documentation to: HealthSecure HRA, PO Box 4389, Clinton, IA 52733-4389.

1. PARTICIPANT ACCOUNT AND CONTACT INFORMATION

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)		

2. BENEFITS CARD PURCHASES AND SUPPORTING DOCUMENTS

Please list below the benefits card transactions for which we need supporting documentation. With this form, include copies of all supporting documentation (explanation of benefits (EOB), itemized statement, etc.). The transaction ID for each transaction can be found after logging in at **HealthSecureHRA.com** and clicking **Benefits Card**. Check the **Recurring Purchase** box if the purchase from that merchant is one you make on an ongoing basis. You may be able to avoid having to submit supporting documentation every time you make an identical purchase from that merchant. Monthly insurance premiums and maintenance prescriptions are common examples of recurring purchases.

TRANSACTION ID	DATE OF TRANSACTION	SERVICE PROVIDER OR MERCHANT	TYPE OF SERVICE or ITEM	COVERED INDIVIDUAL	AMOUNT	RECURRING PURCHASE?
1					\$	<input type="checkbox"/>
2					\$	<input type="checkbox"/>
3					\$	<input type="checkbox"/>
4					\$	<input type="checkbox"/>
5					\$	<input type="checkbox"/>
6					\$	<input type="checkbox"/>
7					\$	<input type="checkbox"/>
8					\$	<input type="checkbox"/>
9					\$	<input type="checkbox"/>
10					\$	<input type="checkbox"/>

Have more transactions? Use another form or include an itemized list on a separate sheet of paper.

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/SPD. To get a current copy of the Plan Summary/SPD, log in at **HealthSecureHRA.com** and click **Resources**, or contact our Customer Care Center at 1-888-364-5027.

The certifications below apply to transactions or purchases for major medical expenses. They do not apply to dental, vision, and tax-qualified long-term care expenses or premiums:

- Any major medical expense for your spouse or a dependent was incurred either (a) while he or she was covered by an employer-sponsored group health plan or (b) while you were separated or retired (not employed or re-employed) from the employer that contributed funds to your account.
- Any transaction for a major medical premium payment was either (a) for an employer-sponsored group health plan (for coverage provided through an employer) and not for individual market coverage or (b) incurred while you were separated or retired (not employed or re-employed) from the employer that contributed funds to your account.