

**Make your repayment online:** (1) Log in at [HealthSecureHRA.com](http://HealthSecureHRA.com); and (2) Click **Repay a Reimbursement** inside the **Quick Links** box.  
**Or, mail completed form and check to:** HealthSecure HRA Plan Contributions, PO Box 1043, Spokane, WA 99210.

You may need to pay back part or all of a **claim reimbursement** or **benefits card transaction** if you later find that (1) the claim was or should have been reimbursed from another source, such as a health flexible spending account (FSA) or health savings account (HSA), or other medical plan; or (2) your actual out-of-pocket amount was less than the reimbursement amount you received; or (3) you are unable to provide sufficient documentation to show that a benefits card transaction was for a qualified medical care expense.

**1. PARTICIPANT ACCOUNT AND CONTACT INFORMATION**

If you have more than one participant account, enter the participant account number for the account from which the claim reimbursement was received or benefits card transaction occurred.

Participant Account No. or SSN \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Area Code and Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer ID (if available) \_\_\_\_\_

**2. REPAYMENT INFORMATION AND SUBMISSION INSTRUCTIONS**

Enter the required information for each **claim reimbursement** or **benefits card transaction** you are paying back. To look up claim numbers or benefits card transaction ID numbers, log in at [HealthSecureHRA.com](http://HealthSecureHRA.com) and click **Claims or Benefits Card**.

Claim No. or Transaction ID	Date of Service or Transaction	Repayment Amount	Reason
Total Repayment Enclosed:			
Check No.			

Make check payable to: **HealthSecure HRA Plan**  
Mail **check** and **completed** form to: HealthSecure HRA Plan Contributions  
PO Box 1043 Spokane, WA 99210

**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/Summary Plan Description**. To get a current copy, log in at [HealthSecureHRA.com](http://HealthSecureHRA.com) and click **Resources**, or contact our Customer Care Center at 1-888-364-5027.