



HealthSecure HRA® Final Claims Verification



The Variable Annuity
Life Insurance Company (VALIC)

SUBMIT COMPLETED FORM TO: claims@healthsecurehra.com • HealthSecure HRA Plan, PO Box 80587, Seattle, WA 98108

QUESTIONS? 1-888-364-5027 • customercare@healthsecurehra.com • healthsecurehra.com

1. INSTRUCTIONS

This is a two-sided form. Please carefully complete all sections on both sides. Missing information often results in delays, which could affect timely reimbursement of qualified medical care expenses and insurance premiums.

If you are the executor or court-appointed administrator of the estate of the deceased participant named in section 3, by signing under **Executor or Court-appointed Administrator**, you are certifying that **each** of the following is true:

- a. You believe the deceased participant has no surviving legal spouse or qualified dependent(s); and
- b. No further claims for qualified medical care expenses or insurance premiums will be submitted on behalf of the deceased participant, other than the final claims, if any, submitted with this form.

If you are not a court-appointed executor, administrator, or estate representative but claim to be the sole representative of the estate of the deceased participant named in section 3, you acknowledge that by signing under **“Other Estate Representative”**, you are certifying as to **each** of the following:

- a. You are the sole representative of the estate of the deceased participant, and no other surviving relatives or other person has claimed to be an executor or other representative of such estate;
- b. You indemnify and hold harmless the Plan, Trust, and all Trust service providers from any losses or damages that arise as a result of your actions on behalf of such estate with respect to any of the deceased participant’s accounts under the HealthSecure HRA Plan account;
- c. To the best of your knowledge, the deceased participant has no surviving legal spouse or qualified dependent(s); and
- d. No further claims for qualified medical care expenses or insurance premiums will be submitted on behalf of the deceased participant, other than the final claims, if any, submitted with this form.

If you are the only surviving spouse or dependent of the deceased participant named in section 3, by signing under **Sole Surviving Spouse or Dependent**, you are certifying that **each** of the following is true:

- a. To your knowledge, the deceased participant has no other surviving spouse or dependents;
- b. You wish to waive your rights to one or more of the deceased participant’s HealthSecure HRA accounts specified below, after payment of all final claims, if any, submitted with this form; and
- c. No further claims for qualified medical care expenses or insurance premiums will be submitted on behalf of the deceased participant and any surviving dependents other than the final claims, if any, submitted with this form.

2. FINAL CLAIMS INFORMATION

Please indicate the number of claims being submitted with this form and attach completed and signed claim form(s) and acceptable expense documentation (e.g. detailed receipt, explanation of benefits (EOB), etc.). If no claims are submitted with this form, check “None”.

Enter number of claims here: _____ or None.

3. DECEASED PARTICIPANT AND ACCOUNT INFORMATION

Account Number(s) _____

Participant SSN _____ Date of Birth MM/DD/YYYY _____

Deceased Participant Last Name _____ First Name _____ M.I. _____

Enter estate information and required signature on reverse ►

4. EXECUTOR, ADMINISTRATOR, SURVIVING DEPENDENT OR OTHER ESTATE REPRESENTATIVE INFORMATION

Last Name		First Name	M.I.
Area Code and Phone Number		Email Address	
Mailing Address		City	State ZIP

5. REQUIRED SIGNATURE

I understand that upon receipt of this completed and signed Final Claims Verification form and after processing any final claim(s) submitted with this form, no additional claims may be filed on the participant account identified above and any remaining unused HealthSecure HRA funds will be forfeited in accordance with the Plan documents.

Check one, sign and date as applicable:

Executor or Court-appointed Administrator

Signature of Authorized Representative	Date MM/DD/YYYY
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Other Estate Representative

Signature of Other Estate Representative	Date MM/DD/YYYY
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Sole Surviving Spouse or Dependent

Signature of Sole Surviving Spouse or Dependent	Date MM/DD/YYYY
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Please include a certified copy of the decedent's death certificate if it has not been previously provided. If you are the executor or court-appointed administrator, please include a copy of the letters of administration if they have not been previously provided.

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