

HCRA OR HRA REIMBURSEMENT APPEAL SUBMISSION FORM

ASEA Health Benefits Trust

Address: PO Box 5434, Spokane, WA 99205 • Phone: 866-553-8206 (toll-free); 509-328-0300

Fax: 509-328-8623 • Website: www.aseahealth.org

Use this form to submit an appeal for a HCRA or HRA reimbursement appeal. HCRA or HRA reimbursement appeals must be submitted in writing to the Board of Trustees, in care of the Health Trust Administrator at the above address or through Contact Us on aseahealth.org within 60 days from the date of the reimbursement denial. Please see your Plan Booklet for complete details about the appeal process and applicable time limits.

Please complete the section below that pertains to your appeal and submit the form and documentation to the ASEA Health Trust Administrator to the address above or through Contact Us on aseahealth.org.

PLEASE PRINT CLEARLY

Employee name:

SSN or Alternate ID:

Email (optional):

Phone #:

Mailing address:

Enrollment type: HCRA HRA

Date claim for reimbursement was submitted:

Online: Yes No

Date of service for which reimbursement is sought:

Please state below the reasons why your appeal should be granted, including a summary of the facts. Cite Plan provisions that support your reasons and attach all supporting documentation for your appeal. If necessary, you can attach a second page to this form.

Signature of Employee:

Date: