

HRA CLAIM FORM**Franklin Pierce University****HRA Claim Year: January 1 through December 31, 2013**

Health Plan Renewal Date: July 1

For GDI Use Only

Auditor:

Claim #:

EMPLOYEE INFORMATION**Employee Name :** **SS #****PLAN PARAMETERS**

Maximum Reimbursement: \$500 Single / \$1000 Ee + 1/ \$1500 Family
AFTER single incurs \$500 / ee + 1 \$1000 / family incurs \$1500

Eligible Expenses: Deductible

Eligible Participants: Employee and IRS-defined dependents enrolled in the
Harvard Pilgrim HMO or PPO Group Health Plans

Claim Reimbursement Submit: HRA Claim Form with Harvard Pilgrim Explanation of Benefits (EOB)

Submit Claims to: **Group Dynamic, Inc.**

Address: 411 U.S. Route One, Falmouth, ME 04105

Email: Claims@gdynamic.com **Fax:** 207-781-3841

I request reimbursement for my qualified medical expenses as itemized on the attached substantiation.
I certify that I incurred these expenses as a participant in the HRA Plan established by the employer named
above and that these expenses must qualify for reimbursement under the terms of my employer's Plan and the
Internal Revenue Code and cannot be claimed as credits or deductions on my personal income tax.
I understand that reimbursements from this plan are paid from my employer's HRA Plan and I acknowledge
that I am responsible for paying each provider for the medical services received. I have retained copies of
the documentation enclosed with this request. I understand that materials submitted will not be returned to me.

SIGNATURE:**DATE:****GDI Use Only - E**

Reimbursement requests received before 12 Noon (ET) on Tuesday will be processed that week.

Requests received after 12 Noon on Tuesday will be processed the following week.

PHONE: 207-781-8800 or 800-626-3539**Website:** www.gdynamic.com