PROGRESSIVE BENEFIT SOLUTIONS, LLC
Plumbers and Steamfitters Local 21 Benefit Funds (Active & Retirees)
HRA CLAIM FORM

Employer Name: _____

Employee Name:	Last First MI		SS#	
Address:	Street City State Zip		Phone:	

☐ Please check if this is a new address

NOTE: Information below must be completed

HRA CLAIMS *For Direct Deposit see attached instructions*						
Date of Service MM/DD/YY	Patient Name	Patient's SS#	Relationship	Name of Provider	Description of Service	Claim Amount
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
						$
					Total:	$

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement requested from my account were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plan. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature:_____ Date: ___ /____ /_____ Email: _____

FOR FASTEST REIMBURSEMENT, FAX TO 203-234-1139 –OR-

Mail to: Progressive Benefit Solutions, LLC
14 Business Park Drive #8, Branford, CT 06405

Request for Reimbursement
HRA CLAIM FORM

HRA Account Rules and Claim Filing Instructions

1. Obtain a receipt from your provider and/or insurance carrier to receive reimbursement.
2. Complete the first page of this form in its entirely, the above Request for Reimbursement – HRA Manual Claim Form.
3. Attach your receipt(s) to this form.
4. Submit the claim with attached receipts to Progressive Benefit Solutions, LLC by **mail**, **fax** or **on-line** through *PBS On-Line* by following the below steps. Additional Claim Forms are available on the PBS website www.pbscard.com under *Form Downloads*.

Instructions for adding Direct Deposit through your PBS Consumer Portal or Mobile App (PBS Benny):

1.) Go to the **"Accounts"** tab
2.) Go to **"Banking/Cards"** under the profile column
3.) Click on "**Add Bank Account"**
   a. Add necessary information
4.) Press submit

*Note adding your direct deposit information through your portal or mobile app will allow for immediate verification and use of your bank account. If the real-time verification fails, a message will display for you regarding your bank account verification failure or micro-deposit process. If real-time bank verification fails three times within the same calendar day, the Portal or Mobile App redirects to an error message, and the ability to add or update your bank account is blocked for 24 hours. Please contact PBS at claims.support@pbscard.com or call us at 888-333-3901 if this occurs.

How To File A Claim On Your Portal (Does NOT Require Completed HRA Claim Form)

1.) Login to your PBS portal https://pbs.lh1ondemand.com with your username and password.
2.) Once you are logged in, you will be navigated to the Home tab. Under the "I want to…" category, click on the [**Reimburse Myself**] button, you will be navigated to the "**Accounts/Reimburse Myself**" page.
3.) Under the "**Create Reimbursement**" section, select the account you are looking to be reimbursed from (HRA) in the list "**Pay From**".
4.) In the "**Pay To**" area choose "**Me**".
5.) Click the [**Next**] button to start the claim filing process.
6.) Under "**Receipt/Documentation**" upload the necessary documentation for the claim you are submitting (provider bill, Explanation of Benefits, etc.).
7.) Click the [**Next**] button.
8.) The next screen will show claim details.
9.) Input the start and end date of service for (when you went for the medical visit, purchased your prescription, etc.).
10.) Enter the provider's name (the doctor or practice you went to for the visit, the pharmacy where you picked up your RX, etc.).
11.) Please enter the category and type of expense you are submitting for.
12.) If notes need to be entered to provide further explanation on the claim, input those into the description.
13.) Check off the recipient the claim is for. If the recipient does not appear and they are covered under the account, add your spouse/ child under the accounts→ dependents→ add dependent.
   a. If the dependent does not appear as a recipient once they are added into your portal, please check off the account holder as the recipient on the claim and enter additional information into the description.
14.) Click the [**Next**] button.
15.) Press the submit.