

Southeast Dubois County School Wellness *Benefit Claim Form*

Part 1

Please type or print clearly

Employee's Name: _____

Address: _____

Telephone #: _____

Part 2

SIGN/DATE

I certify that the expenses for which wellness HRA credit is requested under the Wellness Benefit were incurred by myself. I further certify that these expenses are not reimbursable under any other plan, including a plan of another employer that covers me.

Employee Signature

Date

Part 3

ELIGIBLE EXPENSES

Covered expenses you have paid (attach verification and if applicable, proof of attendance).

Description of Eligible Expenses	Person Incurring Expense	Date of Service	Total Amount of Bill
			\$
			\$
			\$
			\$

x 100%

TOTAL HRA CREDIT REQUESTED:
(100% of total amount of bill)

\$

Email : Kerilyn Lepper at Dunn & Associates
kerilyn.lepper@dunnbenefit.com