

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) PLAN
REIMBURSEMENT REQUEST FORM INSTRUCTIONS
FOR
LAREDO ISD

REIMBURSEMENT REQUEST FORMS:

Attached you will find the forms to be used for submitting Reimbursement Requests. Extra forms are available in the Laredo ISD Human Resources/ Benefits Department or online at www.natlplan.com/forms.htm. In addition, you will receive a new Reimbursement Request Form each time you are issued a reimbursement check.

Submitted Reimbursement Request Forms must be complete, and itemized receipts for the expenses being claimed must be attached to the Reimbursement Request Form, a cancelled check or cash register receipt does not suffice. All Reimbursement Request Forms must be signed and dated.

Please see the reverse side of Reimbursement Request Form for more detailed information.

REIMBURSEMENT AMOUNTS:

Funds are credited to your HRA account monthly and can be used immediately or accumulated for future use. Reimbursements can be made for an amount up to the total funds in the HRA account at the time the Request is made. If a Reimbursement Request is made for an amount greater than the HRA current balance, any remainder will be reimbursed as funds are deposited in your HRA account.

DEADLINE FOR FILING REIMBURSEMENT REQUESTS:

Reimbursement Requests will be processed every Thursday. Reimbursement requests can be mailed to: NPA, P. O. Box 161630, Austin, TX 78716-1630 or faxed to: (800) 982-8140.

REIMBURSEMENT DATES:

Checks or direct deposit transfers will be released every week for Reimbursement Requests submitted that week.

We encourage participants to have their reimbursement checks direct deposited. Please complete the enclosed *Direct Deposit Authorization Agreement* form and return it to National Plan Administrators, Inc. If you select direct deposit, please note that your first reimbursement check may be mailed to your home address. Thereafter, amounts will be direct deposited. If you participate in the direct deposit program, you will still receive an employee summary at your home or email address.

If you elect to have your check mailed to you, it will be sent to your home address. Therefore, please make sure your address is printed clearly on your reimbursement request form.

NATIONAL PLAN ADMINISTRATORS, INC.
P.O. BOX 161630
AUSTIN, TX 78716



FAX: (512) 275-9396 or (800) 982-8140
PHONE: (512) 327-6481 or (800) 880-2776
www.natlplan.com

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