



# Lucent Health

## Request for HRA Reimbursement CLAIM FORM

Lucent Health - Wisconsin  
PO Box 7020  
Appleton, WI 54912-7020

Phone: 920-968-4613  
Toll Free: 877-236-0844

Fax: 920-968-4616  
Website: [lucent.wealthcareportal.com](http://lucent.wealthcareportal.com)

**Employer Name – Woodmen - Select HRA**

**Employer Group #P61**

Last:	First:	MI	SS#:	
-------	--------	----	------	--

Please check if this is a new address

Street:	City:	State	Phone:	
---------	-------	-------	--------	--

Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim. All information below must be completed.

**For all reimbursable expenses, please attach copies of your Medical Explanation of Benefits (EOB). All bills must be attached which show who (name and address) rendered the service, reason for charge and date and amount of charge. Canceled checks are not acceptable receipts.**

**EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT**

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), will not be reimbursed by any other plan and, to the best of my knowledge and belief, are eligible for reimbursement under my employer's Health Reimbursement Account. 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Once complete, please mail to Lucent Health - Wisconsin at PO Box 7020, Appleton, WI 54912-7020 OR Fax to: 920-968-4616 (Retain a copy for your records.)