HRA PLAN CLAIMS

CONTACT INFORMATION
Benefits Department

Phone: (925) 956-0514

Fax: (844) 859-7309

Email: benefits@pensiondynamics.com

Address: 2300 Contra Costa Blvd., Suite 400
Pleasant Hill, CA 94523

Website: www.pensiondynamics.com

Customer Service

The best way to check your claim status is to log into your account online at www.pensiondynamics.com. If you have not yet registered for an account, please contact Pension Dynamics Company LLC. The website is available 24/7 and is a great resource once you have registered.

Customer Service is available at (925) 956-0514 from 9 AM - 5 PM PST, Monday - Friday. You can also email us at benefits@pensiondynamics.com. Please include your name and your employer name on any correspondence sent to us but do not include confidential information such as your Social Security Number.

Important information before you begin

Tips for Completing the Claim Form

- Fill out each section completely. Any incomplete forms will not be able to be processed.
- Type or write legibly.
- Don't forget to sign your form. The employee who is participating in the plan is required to sign the form, not your spouse or other dependent.

Things to Include with your Claim Form

- An Explanation of Benefits (EOB) is required for all medical services. Prescriptions are the only exception to this.
- Provider statements, canceled checks, credit card receipts, and statements including "Previous Balance", "Balance Forward, or "Paid on Account" are NOT acceptable as they do not contain all of the required information.

Reminders for Submitting your Claim Form:

- Do not use a highlighter to highlight items or dollar amounts on substantiation.
- Retain the original of all requests including the substantiation, sending us a **copy** of the documents only. Pension Dynamics is not responsible for providing copies.
- Please allow 2 business days for your claim to be processed. Payments are not able to be issued until after services have been incurred in full.
- If your claim is denied, you will receive a message online explaining why the claim could not be processed. If we need further information, the denial letter will state what you can do in order to have your claim re-processed within 180 days.
- Do **NOT** combine your claim with your co-workers' claims. It will not be processed.
- To submit, complete the Claim Form and attach all substantiation. You may upload the documents to secure.pensiondynamics.com or you can download our mobile application. This can be found by searching "Pension Dynamics WealthCare" in your app store.
- You may also Fax your Claim in it's entirety to (844) 859-7309 with a cover page.
- You may also mail a **copy** of your Claim in it's entirety to: Pension Dynamics Company LLC, Attn: Benefits Department, 2300 Contra Costa Blvd., Suite 400, Pleasant Hill, CA 94523-3987.

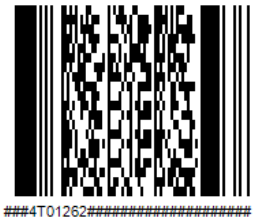
HRA REIMBURSEMENT

FAILURE TO COMPLETE THIS FORM IN FULL MAY DELAY PAYMENT
Please consult your Employee Handbook or contact your Plan Service Provider to be sure your expense is eligible for reimbursement.

Plan Name: _____

Example "ABC Company Health Reimbursement Agreement" If you are unsure about your Plan Name please contact your human resources or benefits department.

SECTION 1. EMPLOYEE INFORMATION



Name _____ Last Four Digits of SSN _____

Personal Email Address _____ Daytime Phone Number _____ Evening Phone Number _____

SECTION 2. HRA CLAIMS

- Attach copy of Explanation of Benefits (EOBs) showing deductible and coinsurance amounts, please include all pages.
- **Balance Forward Statements, Canceled Checks And Credit Card Receipts Are Not Acceptable.**

Provider / Vendor	Name of Dependent who incurred the expense	Date(s) of Service	Requested Amount

If you need additional space to list expenses, please use another form.

Total: _____

SECTION 3. EMPLOYEE AUTHORIZATION

I certify the above expenses qualify for reimbursement under the terms of the Health Reimbursement Account. I specifically state that the expenses listed have been incurred for the benefit of me and/or my eligible dependents. I have attached acceptable proof of expense to this form. I certify that the above is correct and complete and that all out-of-pocket expenses reimbursed to me under this program will not be deducted on my, or my spouse's, personal tax return or be reimbursed to me or my dependents by any other means.

_____ _____

Employee Signature Date

Attach proof and submit electronically: **https://secure.pensiondynamics.com/** or Fax: (844) 859-7309