

QUALIFIED PREMIUM RECURRING BASIS REIMBURSEMENT REQUEST

Voya Benefits Company, LLC

Voya BC, LLC

A member of the Voya® family of companies

Health Account Solutions: PO Box 1168, Minneapolis, MN 55440

Phone: 833-232-4673; Fax: 855-370-0670; Email: HASinfo@voya.com



Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA custodial services provided by Voya Institutional Trust Company.

SUBMITTING A RECURRING BASIS PREMIUM REIMBURSEMENT REQUEST

1. Complete **Employee Information** section below
2. Enter monthly premium amount(s) in the **Premium Provider Information** section.
3. Ensure you are prepared to provide documentation showing the:
 1. dates of coverage
 2. amount of premiums you will be required to pay for the coverage period (generally a 12 month plan year)
4. Fax or e-mail this form to Voya Health Account Services at:
Fax: 855-370-0670
Email: HASinfo@voya.com.

Once submitted and processed, you should expect to receive a reimbursement monthly for your expense via check or direct deposit. You can verify payments made to you by logging into your account at <https://www.voya.com/ws/myHRA>.

EMPLOYEE INFORMATION

Employee Name (Required) (First) _____ (Last) _____

Primary Phone (Required) _____ Social Security Number (SSN) (Required) (Last 4 digits only.) _____

Employer _____ Email _____

PREMIUM PROVIDER INFORMATION

Monthly Premium Amount	Start Date of Coverage (mm/dd/yyyy)	End Date of Coverage (mm/dd/yyyy)	Provider Name

CLAIMANT'S STATEMENT

I understand that this certification is submitted to verify certain expenses incurred by me for reimbursement under my employer's Health Reimbursement Account. I agree to notify my employer immediately of any change or modification of any of the information contained herein.

 Employee's Signature _____ Date _____

Employee's Name (Please print.) _____

Note: Must be submitted with Proof of Expense to be approved and processed.