

# Herscher Community Unit School District No. 2

DR. RICHARD S. DECMAN, SUPERINTENDENT  
JILL FULTON, SPECIAL SERVICES DIRECTOR  
DR. PETE FALK, CURRICULUM DIRECTOR

## Health Reimbursement Request Claim Sheet (HRA)

Employee Printed Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This form must be completely filled out and the necessary documentation\* must be attached to be eligible for reimbursement.

( ) \*Necessary documentation is the Explanation of Benefits (EOB) that states that you have exceeded your portion of the deductible. Bottom of EOB will state: **"Benefit Period: 01-01-(year) through 12-31-(year) To date this patient has met \$xx of her/his \$2,500 Health Care Plan Deductible."** The district does not reimburse for Out of Pocket expenses.

( ) BCBS printout that states the amount of deductible met. (To access, 1. Log into your Blue Access for Members, 2. Click on the Spending tab, 3. Choose Plan Year, 4 Click on Individual Deductible and it will expand and show the deductible met so far for all dependents.) NOTE: IF you are the only person covered on your insurance, you will need to do an online chat or contact BCBS to obtain a letter listing the amount met.

Reimbursements are based on annual biometric screening participation and are available to those employees enrolled in the HRA-PPO AND have exceeded the \$500 or \$750 deductible, depending on completion of annual biometric screening.

Reimbursements are done as part of the bills approved at the Board of Education meetings.

If you have any questions, please contact Heather Crane, PR/HR Clerk at 815-421-5016 or via email at [craneh@hcusd2.org](mailto:craneh@hcusd2.org).

Date of Expense: \_\_\_\_\_

**Reimbursements MUST be received 90 days after the plan year end (March 31) to be eligible for reimbursement. Keep a copy for your records.**

Name of individual whom expense was incurred: \_\_\_\_\_

Relationship to employee: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

☐ EOB or BCBS document stating deductible met attached

DISTRICT OFFICE USE ONLY

Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Bio ☐

Processed for \_\_\_\_\_ BOE mtg

*"Education... The Ultimate Investment."*

District Office: 501 North Main Street, PO Box 504, Herscher Illinois 60941-0504  
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