

## HRA (Section 105) Reimbursement Form

*Why fill out a reimbursement form?? **Download our New Mobile App** to easily upload your claim and receipts - Search **Stirling Benefits** from your Android or iOS store*

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

Employee Address: \_\_\_\_\_

Patient Name and Date of Birth: \_\_\_\_\_

Employer/Company Name: Newtown Public Schools

**Complete the table below and attach a copy of the applicable Explanation of Benefits.**

Date of Service	Patient Name	Provider / Facility Name	Expense Submitted

**Total Expense Submitted \$** \_\_\_\_\_

I certify that to the best of my knowledge that the above listed expenses are not being reimbursed by any other medical plan and are eligible under the Section 105 Plan sponsored by the Employer.

\_\_\_\_\_

**Signature**

**Date**

Send this form and required documents to the address listed below or you can fax to (203) 877-9558 or email to HRABPS@StirlingBenefits.com