

**HRA Claim Form Instructions**

**Please use the attached claim form for Medicare part “D” premium reimbursements only.**

To ensure the timely processing of your claim, provide all required documentation.

<b>Claims for Out-of-Pocket Expenses</b>	The only expenses for reimbursement are for Medicare Part D (prescription drug plan), an individual Medicare Health Plan (such as a Medicare HMO), or another individual plan premium paid for you (and eligible dependents).
<b>Start Date</b>	The coverage period you paid for during the current calendar year.
<b>Proof of Payment</b>	All claims must be substantiated with proof of payment – Paid receipt from your provider indicating premiums paid.
<b>Submitting Your Claim</b>	<b>Send all claims to WageWorks by fax or mail, not to McGraw-Hill.</b> Be sure to make a copy of all forms and receipts for your file before mailing.
<b>Fax to:</b>	877-353-9236 (toll free)
<b>Mail to:</b>	WageWorks Claims Administrator P. O. Box 14053 Lexington, KY 40511

