

# Herscher Community Unit School District No. 2

DR. RICHARD S. DECMAN, SUPERINTENDENT  
SHELLY PARSONS, 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."** We cannot accept an EOB which only mentions Out of Pocket amounts.

Reimbursements 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, Payroll/Human Resources at 815-421-5016 or via email at [craneh@hcsd2.org](mailto:craneh@hcsd2.org).

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

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

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

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

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

EOB stating deductible attached

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

DISTRICT OFFICE USE ONLY

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

Bio

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

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

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