DG3 Health Reimbursement Claim Form

Employee Name _____SSN or Identifier#_____

Have you recently moved? Yes _____No_____ Phone Number ( ) _____

Address_____City_____State_____Zip_____

Are you an active employee? Yes _____No_____ *If No:* What was your date of termination? _____

Health Reimbursement Arrangement Payment for 2024
Claims for Reimbursement

Date Expense Incurred	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
		***TOTAL Rx PRESCRIPTION EXPENSE BEING CLAIMED**		

.

READ CAREFULLY

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Company's Health Reimbursement Account Plan with respect to such expenses and that the expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expenses.

_____ _____

Employee's Signature Date

CLAIM FILING INSTRUCTIONS

1). Use this claim form for reimbursement of Medical expenses. Complete the claim form and sign where indicated.
2). Attach Explanation of Benefits (EOB) Form.
3). Send both your claim form and your documentation to Oswald Companies.

SEND THIS FORM TO:

Oswald Companies
ATTN: Steve Hopp
shopp@oswaldcompanies.com
1100 Superior Avenue, Suite 1500
Cleveland, Ohio 44114
Phone 216.239.2138

General Guidelines: To qualify for reimbursement, expenses must be incurred during the 2024 Plan Year for which you are requesting reimbursement. Expenses must be incurred for services on yourself and your IRS eligible dependents as enrolled in your company health care plan. Reimbursement Accounts may be used for expenses incurred that are not covered by another health plan.

Once you submit your claim and it is approved, you will receive a check directly from DG3.