



Individual Coverage HRA (ICHRA)

Medical Expense Reimbursement Form

By submitting this claim form, you are attesting that you have medical coverage. Your signature is required for your claim to be approved. If you have more eligible expenses than space allows in this section, please submit as many forms as needed.

Claim Submission Options

Online	Log in to your account at www.marinbenefits.com to submit your claim electronically
Email	claims@marinbenefits.com
Fax	415-454-2928
Mail	Marin Benefits Administrators, 6366 Commerce Blvd #293, Rohnert Park, CA 94928

Employee Information

Employee Name	Employer Name	
Email	Phone	Last 4 of SSN

Medical Expense Claims

Service Date	Patient Name	Expense Description	Amount
Total Medical Expense Reimbursement Requested			\$



Please attach a copy of your itemized invoice or statement detailing the patient name, provider name, services provided, date of service, and the total out-of-pocket expense. Failure to provide appropriate documentation will result in delays in the processing of your claim(s).

Attestation of Coverage and Participant Signature

By signing below, I certify that my statements on this form are true and accurate. I understand that failure to maintain minimum essential coverage for myself (and my dependents, if applicable) for any month of the coverage period will subject me to the "Individual Mandate Penalty" under section 5000A of the ACA, and will cause any reimbursement I receive from this HRA to be subject to taxation. I understand that I will not qualify for reimbursement of any 213(d) qualifying medical expenses if I fail to maintain individual health coverage. I understand that reimbursed expenses cannot be claimed as a credit on my income tax return. I also certify that all reimbursement requests submitted are IRS eligible expenses and I have not been reimbursed for these expenses in the past or am I seeking reimbursement for these expenses from any other source.

Employee Signature

Date

Questions?

Marin Benefits Administrators

Email: support@marinbenefits.com Phone: 415-526-1401