



# QSEHRA Claim Reimbursement Form

Complete this form in its entirety and provide legible documentation.  
 If you have more expenses than space allows, please submit multiple forms.  
 Your signature is required for your claim to be approved.

## Claim Submission Options

<b>Online</b>	Log in to your account at <a href="http://www.marinbenefits.com">www.marinbenefits.com</a> to submit your claim electronically
<b>Email</b>	<a href="mailto:claims@marinbenefits.com">claims@marinbenefits.com</a>
<b>Fax</b>	415-454-2928
<b>Mail</b>	Marin Benefits Administrators, 6366 Commerce Blvd #293, Rohnert Park, CA 94928

## Employee Information

<b>Employee Name</b>	<b>Employer Name</b>	
<b>Email</b>	<b>Phone</b>	<b>Last 4 of SSN</b>

## Out-of-Pocket Medical Expense Claims

Service Date	Patient Name	Expense Description	Amount
<b>Total Medical Expense Reimbursement Requested</b>			<b>\$</b>

## Health Insurance Premium Claims

<b>Name of Insurance Company</b>	
<b>Individual(s) Covered by Policy</b>	
<b>Coverage Dates for this Premium Payment</b>	
<b>Total Premium Reimbursement Requested</b>	
<b>\$</b>	



Please attach a copy of your itemized invoice or statement detailing the 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).

## Employee Signature

*I certify that the information above is true to the best of my knowledge and that my dependents (if applicable) and I are covered under a minimum essential coverage health plan as defined by the Affordable Care Act for all dates for which I am claiming expenses under my QSEHRA plan. I understand that failure to maintain minimum essential coverage for any month will make me subject to the Affordable Care Act's Individual Mandate Tax under 26 U.S.C. §5000A and will result in any reimbursements received from this QSEHRA to be taxable. 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](mailto:support@marinbenefits.com) **Phone:** 415-526-1401