



CLAIM REIMBURSEMENT FORM

Use this form only if you cannot submit your claim electronically.
 Claims submitted using this form may take longer to process.

Submit claims online for fastest and most secure processing: www.marinbenefits.com
 Trouble logging in? Contact support@marinbenefits.com or 415-526-1401 before using this form

EMPLOYEE INFORMATION

Employee Name		Employer Name	
Email	Phone	Date of Birth	

REIMBURSEMENT CLAIMS

Service Date	Patient Name	Expense Description	Amount
Total Claimed Amount			



Please attach a copy of your itemized invoice detailing the services provided, date of service, and the total out-of-pocket expense. **For plans linked to a group health plan you must submit a copy of the Explanation of Benefits (EOB) from your health insurance carrier.** Failure to provide appropriate documentation will result in delays in the processing of your claim.

DIRECT DEPOSIT AUTHORIZATION

If direct deposit is not yet on file, please complete the Direct Deposit Authorization Form on the following page. Direct deposit is the fastest and most secure way to receive your reimbursement. You can also set up or update direct deposit through the Marin Benefits secure online portal or Mobile App.

CLAIMANT CERTIFICATION

By signing below, I certify that I am the claimant or am authorized to submit this claim on behalf of the claimant or eligible dependent. I certify that the information on this form is true and accurate. I certify that the expenses submitted were incurred by me or my eligible dependent(s), have not been reimbursed by insurance or any other plan, and will not be claimed as a credit or deduction on my personal income tax return. I understand that Marin Benefits Administrators may request additional documentation before approving this claim.

Claimant Signature

Date

SUBMISSION METHODS

Marin Benefits Administrators strongly encourages claim submission through the secure online portal. Submitting by mail, fax, or email may involve additional security risks and delay processing. Protected health information and personal information should always be submitted securely.

Submit online for fastest and most secure processing:
www.marinbenefits.com or Marin Benefits Mobile App

Mail	Fax	Email
Marin Benefits Administrators 6366 Commerce Blvd #293 Rohnert Park, CA 94928	415-454-2928	For your protection, please do not email claims or documents containing personal information.



DIRECT DEPOSIT AUTHORIZATION FORM

If direct deposit is already on file and your banking information has not changed, you do not need to complete this form.

Set up or update direct deposit through the secure online portal: www.marinbenefits.com

Trouble logging in? Contact support@marinbenefits.com or 415-526-1401 before using this form

For your security, please do not email banking information

Direct deposit setup or changes should be completed through the secure online portal whenever possible

EMPLOYEE INFORMATION

Employee Name		Employer Name	
Email	Phone	Date of Birth	

BANK ACCOUNT INFORMATION

Account Holder Name	
Bank Name	
Routing Number	
Account Number	
Bank Account Type	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Please verify your routing and account numbers before submitting

The routing number is usually 9 digits, and the account number may vary in length

Incorrect banking information may delay reimbursement

AUTHORIZATION

By signing below, I authorize Marin Benefits Administrators to deposit reimbursements directly into the bank account listed above. I certify that I am the claimant, account holder, or otherwise authorized to provide this banking information. I understand that it is my responsibility to provide accurate banking information and to notify Marin Benefits Administrators of any changes. I understand that reimbursements will be issued according to the payment method on file until a new direct deposit authorization is submitted and processed.

Account Holder Signature

Date

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