Individual Coverage HRA (ICHRA)

Recurring Premium Reimbursement Form

Marin Benefits will automatically reimburse your health insurance premiums on a **monthly** basis and for up to an entire calendar year upon receipt of your claim. The automated recurring process will not extend into a new insurance plan year; you will need to submit a new reimbursement form along with proper insurance documentation for the new plan year. Your signature is required for your claim to be approved.

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**

Premium Expenses

Health Insurance Provider	**Coverage Dates**	**Amount**
	Total Premiums	**$**

Please attach a copy of your itemized invoice or statement detailing the name(s) of the covered individual(s), proof of health insurance coverage, including family coverage if applicable, dates of coverage for the premium being claimed, and monthly cost of the premium being claimed. 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 the ICHRA Plan is available to reimburse me (and my dependents, if elected) for monthly minimum essential health plan premiums as defined by the Affordable Care Act (ACA). I also understand that failure to maintain minimum essential coverage for myself (and my dependents, if applicable) for any month of this 12-month 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 also understand that I will not qualify for reimbursement of any 213(d) qualifying medical expenses if I fail to maintain individual health coverage. I agree only to request reimbursement of qualifying health insurance premiums per the ICHRA Plan Document. I further understand that reimbursed expenses cannot be claimed as a credit on my personal income tax return.

Employee Signature **Date**

Questions?

Marin Benefits Administrators

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