



# AMERICAN BENEFITS GROUP

## INDIVIDUAL COVERAGE HRA (ICHRA) RECURRING PREMIUM REIMBURSEMENT REQUEST FORM

Name: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Through this plan, recurring medical premium payments may be reimbursed. In order to have your premiums reimbursed out of your ICHRA you must provide American Benefits Group with the following information:

- Name of the covered participant
- Name of the Insurance Carrier
- Proof of Coverage including coverage tier level (single or family)
- Dates of coverage for the premium being claimed
- Monthly Cost of the premium being claimed

American Benefits Group (ABG) will automatically reimburse your recurring payment for the entire plan year. The automatic payment process does not extend beyond one year from the beginning month. You will need to complete a new *Recurring Premium Reimbursement Request Form* along with proper documentation for the new plan year.

### ICHRA Recurring Premium

Description	Beginning (month/year)	Ending (month/year)	Amount
Total Premiums			

### READ CAREFULLY

I understand that the employer funded ICHRA account 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 family 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 the reimbursement of any 213(d) qualifying medical expenses for me or my family members, if applicable), if I fail to maintain individual health coverage. I agree only to request reimbursement of qualifying premiums per the ICHRA Plan Document.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this claim form along with the substantiating documentation.

Fax Toll Free: 877-723-0147 or email to [claims@amben.com](mailto:claims@amben.com)

No Fax Machine?

Mail to: American Benefits Group • PO Box 1209, Northampton, MA 01061-1209 • 800-499-3539



## About your ICHRA

The ICHRA (Individual Coverage HRA) is an account that is funded by your employer with a fixed annual amount to be used to reimburse your monthly individual health insurance premiums. The annual benefit accrues on a monthly basis and in addition to being used to reimburse your monthly individual health insurance premiums it can also be used to reimburse any out-of-pocket qualifying IRS Code Section 213(d) medical expenses per the IRS Code Section 213(d). In order to qualify for the reimbursement of medical expenses, when you submit a claim to be reimbursed for expenses other than your monthly health insurance premiums, your claim submission serves as an attestation that you had qualifying individual health coverage for the dates of service of the claims being submitted.

## How do I go about being reimbursed from my ICHRA

To be reimbursed for qualifying 213(d) medical expenses from your ICHRA you must file a claim using the ICHRA claim form or you can file your claim directly through our WealthCare portal using your secure login. In either case you will need to provide receipts for all medical expenses being claimed. If you are using your ICHRA to be reimbursed for medical expenses each time you file a claim for reimbursement of these expenses, you are attesting that you have qualifying individual health coverage for yourself (and your dependents, where applicable).

When submitting your claim to be reimbursed on a monthly basis for your health insurance premiums please use our **ICHRA Recurring Premium Reimbursement Request Form**, this will allow you to submit one initial claim along with your monthly insurance bill providing your monthly rate, this claim serve as an attestation that you will continue this ongoing coverage or will notify ABG if for any reason this coverage changes (a coverage change would include, among other potential events, a change to the cost of the coverage—where you may have moved from your current rating area, or a change to your coverage tier—where a qualifying event caused you to add or remove a dependent). Based on this attestation ABG will be able to automatically reimburse the individual coverage health insurance premium for you (and your dependents if applicable) each month remaining in the plan year.

## Important

You must submit a new ICHRA Recurring Premium Reimbursement Request Form at the beginning of each new Plan Year as long as your coverage remains in effect.

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