

# Your Brand.

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Jane Anderson ▾  
Logout

File Claim: HRA

 Claims Basket (1)

Please enter your claim information below. If all or part of your claim is not reimbursable due to auditing factors (i.e., claim exceeds available balance in your account), then you will only be reimbursed the approved amount. You will be notified of any pending or denied claim amounts.

* Do You Have a Valid Receipt?	<input type="radio"/> No <input type="radio"/> Yes You may submit receipts electronically after you successfully submit your claims.	<a href="#">? What is a valid receipt?</a>
* Date of Service:	Format date as mm/dd/yyyy.	
* Claim Amount:	\$	
* Provider:		
* Category:	Choose from list...	<a href="#">? What expenses are eligible?</a>
* Type:	Choose from list...	
Description:	If the Category is "Other" or "Over-the-Counter Drugs", you must provide a description.	
* Recipient:	Jane Anderson Adam Anderson Emma Anderson <a href="#">Add Dependent</a>	
* Did You Drive To Receive This Product/Service?:	<input type="radio"/> No <input type="radio"/> Yes:                      miles	<a href="#">? How is mileage claimed?</a>

**Mileage Reimbursement:**  
Total Claim Amount:

\* Required Field

| [Cancel](#)



Questions?

Contact Customer Support at (555) 555-5555, toll free at (888) 555-5555 or email us at [support@sampleadmin.com](mailto:support@sampleadmin.com).

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