Benefits Card Supporting Documents

VP06 11/26 PRC

Submit your supporting documentation online. (1) Log in at **HRAgo**® (mobile app) or **veba.org**; (2) Click **Benefits Card**; and (3) Click **Submit Supporting Documentation**. Or, **mail** completed form and supporting documentation to: VEBA Plan, PO Box 4389, Clinton, IA 52733-4389. **Questions?** Call **1-888-828-4953.**

1 PARTICIPANT ACCOUNT AND CONTACT INFORMATION

ACCOUNT NUMBER or SSN _____ DATE OF BIRTH mm / dd / yyyy _____

LAST NAME _____ FIRST NAME _____ M.I. _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

AREA CODE and PHONE NUMBER _____ EMAIL ADDRESS (use home or personal email address) _____

2 BENEFITS CARD PURCHASES AND SUPPORTING DOCUMENTS

Please list below the benefits card transactions for which we need supporting documentation. With this form, include copies of all supporting documentation (explanation of benefits (EOB), itemized statement, etc.). The transaction ID for each transaction can be found after logging in at **veba.org** and clicking **Benefits Card**. Future purchases for the same exact amount from the same provider or merchant may not require supporting documentation every time. Monthly insurance premiums and maintenance prescriptions are common examples of recurring purchases.

Transactions and Supporting Documents

	Transaction Date	Transaction ID		Transaction Date	Transaction ID
1			6		
2			7		
3			8		
4			9		
5			10		

Have more transactions? Use another form or include an itemized list on a separate sheet of paper.

3 CERTIFICATIONS: READ BEFORE SUBMITTING

By completing and submitting this form, you agree to the **Terms and Conditions**, as amended from time to time, which can be found in the **Plan Summary**. To get a current copy of the Plan Summary, log in at **veba.org** and click **Resources**, or contact our Customer Care Center at 1-888-828-4953.

The certifications below apply to transactions or purchases for major medical expenses. They do not apply to dental, vision, and tax-qualified long-term care expenses or premiums:

- Any major medical expense for your spouse or a dependent was incurred **either** (a) while he or she was covered by an employer-sponsored group health plan **or** (b) while you were separated or retired (not employed or re-employed) from the employer that contributed funds to your account.
- Any transaction for a major medical premium payment was **either** (a) for an employer-sponsored group health plan (for coverage provided through an employer) and not for individual market coverage **or** (b) incurred while you were separated or retired (not employed or re-employed) from the employer that contributed funds to your account.