

**Logan County**  
**HRA / HDHP HRA Deductible Claims Affidavit**

Employee: \_\_\_\_\_ Number of pages: \_\_\_\_\_

SS: \_\_\_\_\_ (Last 4 Numbers) Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please include all Explanation of Benefits from CHP Health Insurance Company indicating the amount that has been applied toward the family deductible.*

HRA DEDUCTIBLE EXPENSES : \$ \_\_\_\_\_  
(PPO plan participants)

HDHP HRA DEDUCTIBLE EXPENSES: \$ \_\_\_\_\_  
(HDHP plan participants)

I CERTIFY that the expenses claimed with this affidavit have been applied toward my annual deductible for my immediate family and that these expenses has not been reimbursed and that I will not seek reimbursement for them under a major medical plan or any other health plan. I understand that only expenses incurred within the plan year qualify for reimbursement during the plan year. I also understand that any funds remaining in my HRA / HSA deductible account at the end of the plan year cannot be refunded to me or carried forward to the next plan year. And, I further understand that any expenses for which I am reimbursed may not be used to claim any federal income tax deduction or credit.

\_\_\_\_\_  
Employee Signature Date

**EMAIL, FAX OR MAIL THIS CLAIM AFFIDAVIT AND COPIES  
OF ALL EXPLANATION OF BENEFITS TO:**

**Affiliated Benefits Consultants, Inc.**  
**Fax # (970)522-4822 - Phone # (800)473-4891**  
**E-mail Address dicksmith@abcflex.com**  
**P.O. Box 2529**  
**Sterling, CO 80751**

**This Claim Affidavit and Explanation of Benefits can also be submitted to the  
Finance Office at the Courthouse.**