



Fertility Assistance HRA Claim Form

Complete this form in its entirety and provide legible documentation. If you have more eligible expenses than space allows, please submit as many forms as needed. Your signature is required for your claim to be approved.

Claim Submission Methods

Online	www.marinbenefits.com	The easiest way to submit your claim is through your online account via the Marin Benefits Member Portal.
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

Reimbursement Claims

Service Date	Patient Name	Expense Description	Amount
Total Claimed Amount			\$
<input type="checkbox"/> Yes	Per IRS rules, I have enclosed a medical diagnosis of infertility including a Letter of Medical Necessity (LMN) signed by my treating physician for all claimed expenses.		
<input type="checkbox"/> Yes	I have enclosed itemized invoice(s) detailing claimed expenses. Failure to provide appropriate documentation will result in delays in the processing of my claim.		
<input type="checkbox"/> Yes	I understand I may only be reimbursed for temporary sperm/egg freezing for up to one-year in duration. Long-term cryopreservation is not reimbursable in accordance with the provision specified in IRS Publication 502.		

Employee Signature

By signing below, I certify that my statements on this form are true and accurate. I certify that all expenses for which reimbursement is claimed were incurred either by me or by my eligible dependent(s). I certify that the medical expenses claimed are not covered by insurance and cannot be reimbursed under any other health plan coverage. I further understand that reimbursed expenses cannot be claimed as a credit on my personal income tax return. All protected health information or personal information transmitted to Marin Benefits, Inc. (d/b/a Marin Benefits Administrators) should be sent in a secure format. Marin Benefits Administrators disclaim all liability for any damages, claims, costs or expenses arising out of or resulting from the sender's transmission of any protected health information or personal information, including transmission in an unsecured format, and the sender of such information assumes all risk and liability thereof.

Employee Signature

Date

Questions?

Marin Benefits Administrators

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