

## HOW TO ENROLL YOUR HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA) AMOUNT YOU CAN CONTRIBUTE

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**ELIGIBLE DEPENDENTS** 

## **ELIGIBLE EXPENSES**

## CLAIMS DENIAL AND APPEAL CONTINUATION OF COVERAGE C n lida ped Omnibu Budge prec ncilia pr n Acp (COBRA) TERMINATION OF YOUR PARTICIPATION/PLAN Plea en De:If u a Dicia Din in HCRA i De mina Ded i Di Decembe 31, ua e ineligible po file an claim unde pone gace e i de pen i n'ecified ab e. FINAL NOTE | typical typical