



**TO:** Town of Holliston  
**FROM:** Crosby Benefit Systems  
**RE:** Health Reimbursement Arrangement Account  
**DATE:** July 1, 2013

---

On July 1, 2012, the Town of Holliston agreed to pay a one time maximum contribution of \$256 for individual subscriber's expenses and \$640 for family subscriber's expenses. The funds remaining in your account as of June 30, 2013, minus the administrative fee of \$3.45 per month will be rolled over into the new plan year that begins July 1, 2013. This administrative fee will be deducted from your remaining balance once the funds are rolled over into the new plan year starting July 1. This HRA is being funded by the Town of Holliston to assist with your out of pocket medical, dental, vision and over-the counter expenses. Insurance premiums, cosmetic procedures and expenses reimbursable by insurance are not eligible for reimbursement through the HRA. Any balances remaining in your HRA account as of June 30, 2014, will revert back to the Town of Holliston.

**Please note: There will be a black out period through July 31<sup>st</sup>, where your account may not be funded until your remaining balance is rolled over for use in the new 12 month period. Save your receipts for manual submission after the black period, for all claims incurred in July.**

Please remember, the Flex Debit Card does not alleviate the need to substantiate all your purchases so please keep all your receipts. In some instances, you will be required to submit receipts following your purchase. If you receive a request for substantiation of a Flex Debit Card transaction, please follow the instructions on the letter or email. For more information about using your card, please review the enclosed Flex Debit Card brochure

Included with this memo are:

- HRA Reimbursement Request form.
- Flex Debit Card Brochure

To file a request for reimbursement from your HRA:

- Complete an HRA Reimbursement Request form. The forms are available from your Human Resources office or at [www.crosbybenefits.com](http://www.crosbybenefits.com).
- Attach receipts or the Explanation of Benefits (EOB) statement from HPHC/BCBS/TUFTS/FCH Plan as proof of your out of pocket expense.
- Fax reimbursement requests and supporting documentation to 978-367-9626, email to [servicecenter@crosbybenefits.com](mailto:servicecenter@crosbybenefits.com), or mail to Crosby Benefit Systems, P.O. Box 25172, Lehigh Valley, PA 18002-5172.

Your proof for HRA expenses must clearly indicate:

- the person receiving the service
  - the type of service or supply
  - the name of the person providing the service or supply
  - the amount charged
- the date the service was rendered

#### **How to Set Up an Account Online:**

- Go online to [www.MyCrosbyBenefits.com](http://www.MyCrosbyBenefits.com) (turn off pop-up blockers) and click on the New User link
- Follow the prompts to set up your user account. You will be asked to provide an Email Address, Date of Birth, Zip Code and your Unique Identifier (SSN)
- Click Submit
- An Activation Email will be sent to the Email Address you provided. Follow the instructions to "Activate your Account". Once activated, you will be directed to the MyCrosbyBenefits.com Lobby.
- Choose the green "Reimbursement Accounts" button to access your Reimbursement Account information.

**Go Paperless**

Choose to receive communications via email rather than US Mail. This helps protect our environment and reduces the amount of printed material we generate. To sign up for paperless, go to [MyCrosbyBenefits.com](http://MyCrosbyBenefits.com) after the plan year begins.

**Direct Deposit**

Enroll in Direct Deposit by logging onto [MyCrosbyBenefits.com](http://MyCrosbyBenefits.com). Go to the Profile Tab, and click Edit in the Direct Deposit Information section toward the bottom. Direct Deposit adds convenience.

If you have any questions please feel free to contact Crosby Benefit Systems at 866-918-9711 or [servicecenter@crosbybenefits.com](mailto:servicecenter@crosbybenefits.com).