



CONNECT ADMINISTRATORS

Amwins Connect Administrators, Inc.
P.O. Box 4368
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AMWINS CONNECT ADMINISTRATORS PREMIUM REIMBURSEMENT FORM

Form with fields: Employee Name, Social Security #, Home Address, Employer Name, Phone #

PLEASE READ CAREFULLY:

Please complete the above and attach a copy of your premium statement(s), invoice(s) or policy renewal letter from the insurance carrier showing your plan effective dates and premium costs.

Upon receipt, Amwins Connect Administrators will determine your eligible reimbursement benefit and return an Explanation of Benefit and reimbursement check to you.

If you have any questions, please feel free to contact our Customer Service Representative at the phone number listed above.

Employee Signature: _____ Date: _____

Elections under the HRA plan are binding for the entire Plan Year and cannot be revoked, modified or amended unless due to a limited family status change. Under penalty of perjury, you agree to use the debit card solely for the purchase of eligible medical expenses not covered by any other plan.