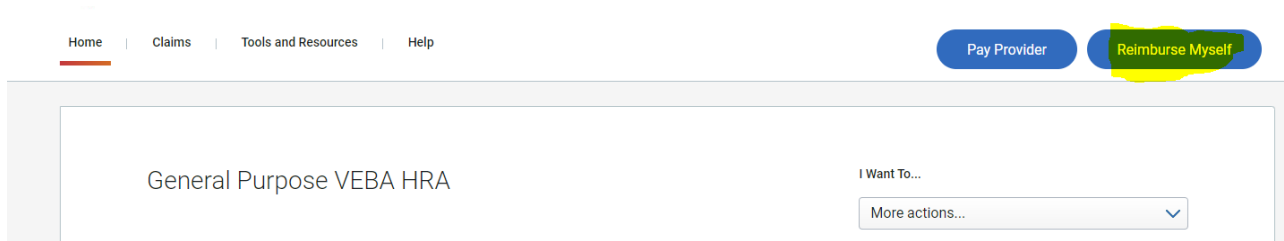
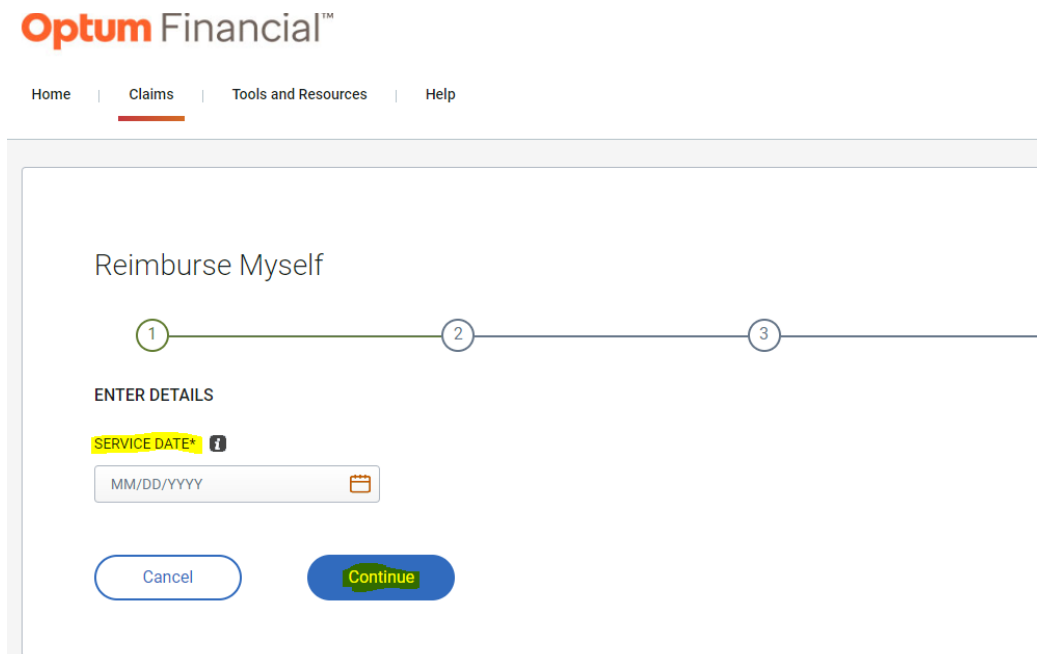


VEBA HRA Claim Submission

Members will need to click on “Reimburse Myself.”



Date of Service needs to be entered on this screen.



Member to enter the following:

- Reimbursement amount
- Service For
- Service Type
- Provider
- Description

Reimburse Myself



ENTER DETAILS

SERVICE DATE
03/10/2024

REIMBURSEMENT AMOUNT

Enter a Reimbursement Amount

SERVICE FOR

[REDACTED]

SERVICE TYPE*

Select Service Type

[Add Dependent](#)

VENDOR/PROVIDER

Enter a Vendor/Provider

DESCRIPTION

Optional (maximum 100 characters)

Member has the option to have a check mailed to the address on file or they can setup direct deposit by clicking on the link below.

PAY TO

Reimbursement will be sent to:



[Set up Direct Deposit](#)

Update Date of Service

Cancel

Continue

Payment Card Transactions

Payment Card Transactions

My Created Claims

Un-submitted Claims

View All Claims

FILTER PAYMENT CARD TRANSACTIONS BY

DATE OF PAYMENT

Show All



PAYMENT STATUS

All Statuses



PROVIDER

All Providers

