URSINUS COLLEGE
Submission of Manual Claims for Reimbursement

In order for you to be reimbursed for allowable expenses that you incur that have not been paid for using your HG Advantage card, you will need to submit a claim reimbursement form along with an Explanation of Benefits Form or receipt to The Harrison Group, Inc.

You can submit your claim reimbursement, Explanation of Benefits Form or receipt in any of the following ways:

- Mail to the address listed below.
- Fax to (610) 853-9079.
- Email to service@theharrisongrouponline.com.
- Electronically upload at www.theharrisongrouponline.com.

If you submit your claim by the 15th of the month your reimbursement check will be mailed within one week after the 15th. If you submit your claim by the end of the month your reimbursement check will be mailed within one week after the end of the month. You can also opt to have your reimbursement direct deposited to your personal bank account. If you choose this option, you will need to complete a Direct Deposit Request Form.

If you would like to check on the status of your claim, please call The Harrison Group, Inc. at (610) 853-9075. One of our associates will be able to assist you.

URSINUS COLLEGE
Section 125 Cafeteria Plan Claim Reimbursement Form

Last Name	First Name	Middle Initial	Social Security No
Home Address			Daytime Phone
City		State	Zip

Health Care Expense Claims

Person Incurring Expense	Date Incurred	Provider of Services	Expense Description	Amount

Dependent Day Care Expense Claims

Name of Dependents	Service From	Period To	Name, Address and ID Number of Provider of Services	Amount

I certify that the expenses being submitted were incurred while covered under the Company's Flexible Spending Account Plan, and have not been reimbursed by any other source. If the claim is not valid, I recognize that I will be liable for payment of all taxes on amounts paid from the Plan which relate to that expense. I also recognize that I cannot claim these expenses on my personal income tax return.

Employee Signature_____Date _____

Send completed reimbursement form and receipts to:

THE HARRISON GROUP, INC.
3 Raymond Drive, Suite 201 · Havertown, PA 19083 · 610-853-9075 · Fax 610-853-9079
Email service@theharrisongrouponline.com

URSINUS COLLEGE
Direct Deposit Request Form

Employee Name	Last Four Digits of Your Social Security Number
Bank Name	Bank Address (City, State)
Bank Routing Number	Bank Account Number
Type of Bank Account ☐ Checking ☐ Savings	

Employee Signature_____Date _____

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