



Send all bills to:

Professional Benefit Administrators, Inc.
P. O. Box 4687
Oak Brook, IL 60522-4687
(800) 435-5694
Attn: Account Manager

**THE CITY OF LAKE FOREST
RETIREE HEALTH REIMBURSEMENT ACCCOUNT (HRA)
REIMBURSEMENT FORM**

NAME _____ ID # _____

Address _____

City State Zip _____

Please attach receipt(s) for **Supplemental Medical Premiums** or any **Qualified Eligible Expense** that you wish to be reimbursed from your HRA balance.

SIGNED _____ DATE _____

Mail completed forms to PBA at the above address.