



Claims Submission for Medical Reimbursement Plan (MRP)

Send information to:

P.O. Box 1068

Decatur, Illinois 62525

800.798.2422 (toll free)

217.423.4575 (fax)

or scan and email to:

customerservice@consociate.com

Medical Reimbursement Plan Claim Form

Date of Request: _____

Employee Name: _____

Employer Name: _____

Dependent Name if Claim is for Dependent: _____

Employee/Dependent ID Number: _____

Phone Number where Member can be reached: _____

Please attach the explanation of benefits (EOB) from the primary insurance company.

Please mail, fax or email claims as indicated above..