Pipe Trades Industry Health & Welfare

Health Reimbursement Arrangement (HRA) Claim for Reimbursement

Participant Information:

Name _____ Telephone Number _____ Member ID# _____

Address _____ City _____ State _____ Zip Code _____

HRA Expense Claims

Attach appropriate receipt(s) for each expense listed below when submitting form; please see the reverse side of this form for more details on what to provide. **Requests for reimbursement must be at least $200 in total eligible expenses.**

Date you received the service	Service Provider	Expense Description	Person for Whom Expense Incurred	Expense Amount	Pay direction- Provider or Member? Please specify:
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
Total				$	

Participant Authorization

By signing below, I certify that all services for which reimbursement is requested on this form were provided while I was eligible for coverage under the Plan and were for me or my eligible dependents, as defined by the Plan. Further, I certify that the eligible expenses have not been otherwise reimbursed, nor will they otherwise be reimbursed, through any other source, have not been paid or are not eligible for payment on a pre-tax basis, and have not been taken, nor intend to be taken, as a tax deduction. I understand that the Internal Revenue Code permits reimbursement only for eligible health care expenses. I understand that I alone am fully responsible for the sufficiency, accuracy, and truthfulness of all information relating to the claims on this form and that I am liable for payment of expenses and that if an expense is not eligible for reimbursement under the Plan's HRA, I am liable for payment of all related taxes on amounts paid by the Plan that relate to these expenses.

Participant's Signature _____ Date _____

Claim Submission

Mail or fax completed form and any required documentation to:

Pipe Trades Health & Welfare
P O Box 3040
Terre Haute, IN 47803
(fax) 812-877-4542

Claim and Reimbursement Procedures

To receive reimbursement for eligible expenses, you must submit this written claim form, with the required supporting documentation, to the Plan in accordance with the Plan's claim procedures as briefly described here and in more detail in your Summary Plan Description. It is important for you to enter the correct date of service for each claim. **The IRS only allows reimbursement payments paid directly to you only <u>after</u> you have provided the Fund with proof of payment made to your providers.**

While you can submit requests for reimbursement at any time, **the Plan requires that any requests for reimbursement be a least $200 in total of eligible expenses.** Therefore, you will have to hold your requests for reimbursement until you have at least $200 in eligible expenses. In addition, the amount reimbursed for any eligible expense will not exceed your HRA balance at the time reimbursement is requested. You must file a written claim for reimbursement with the Plan within 6 months of the date of the expense or your claim may not be accepted and may be denied.

Along with this form, you must provide the following, as applicable:

- An Explanation of Benefits (EOB) from any coverage (including any EOB from this Plan). If requesting the balance be paid to you, you must also include original receipts verifying payment.
- Any additional documentation requested by the Plan.
- When applying HRA balances to self-payments, upon receipt of the self-payment notice, the Participant must contact the Fund Office to request the amount transferred to cover the self-payment obligation. This form must be completed and submitted prior to the HRA payment being made.

If you, your spouse, and/or your dependents are eligible for other coverage, you must include a copy of the Explanation of Benefits (EOB) from the other coverage as well as any EOB from this Plan. Only eligible expenses that have not been reimbursed, as shown on the EOB form, will be eligible for reimbursement.

It is a good idea to make a copy of all materials you submit for your records. Materials you submit will not be returned to you.