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## IBEW Local 163 Welfare Fund Health Reimbursement Arrangement (HRA) Benefit Credit Account (BCA) Claim Form

See the back side of this form for instructions. Please complete the form and then send along with your receipts, to: IE Shaffer & Co P.O. Box 1028 West Trenton, NJ 08628 Attn: IBEW 163 HRA Claims

You can also go to <a href="www.ieshaffer.com">www.ieshaffer.com</a>. Click mail2.ieshaffer.com/securesend and select "IBEW 163 HRA CLAIMS" from the "Available Recipients". Attach this form and receipts and click "Send"

Telephone #  Home Address  City  Expense Information (please Complete the following inform (for example, six prescription expense. The claim form and of service, patient name, and Date Expense Incurred (mm/dd/yy)	nation for each claim expense s), you may combine them on d documentation must list the	one line. Attach supporting date(s) that the expense wa	documentation for each	
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(IIIII/dd/yy)	Name of Service Provider	Expense Description	Expense Incurred	Net Amount
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		Total Paguastad Paimbu	reament Amount \$	
Certification		Total Requested Reimbur	Sement Amount	
I authorize my Benefit Credit	Account (BCA) to be reduced	l by the amount of expenses	s listed above.	
-				
I certify that all expenses for				
reimbursable under any othe receipt or an Explanation of E				
spouse) for whom a claim is f				
I further declare that I have n	ot and will not deduct these e	xpenses on my federal, stat	e, or local income tax retu	rns.
Employee Sign store			<u> </u>	
Employee Signature (Required)			Date	
(Toquirou)			Date	

## Important Medical Reimbursement Claim Submission Information

## **Definition of "Incurred"**

The term "incurred" refers to the date you or your eligible dependent is provided with thecare that gives rise to the medical, dental, vision, prescription, or other qualifying expense. This date could be different than the date you are billed or pay for the expense.

## Helpful Hints on How to Successfully File a Claim

- All documentation must clearly list the date the service was incurred, provider name, type of service, patient name, and your portion of the charge for the service. <u>Please print clearly to</u> <u>be sure your reimbursement is not delayed.</u>
- Expenses must be submitted to your Welfare Fund or other insurance prior tobeing submitted
  to the Supplemental Benefit Fund. You can then use the Explanation of Benefits
  (EOB) received from the welfare fund or insurance company as your expense documentation.
   The EOB that you receive fromyour welfare fund or insurance
  company is the best source of expense documentation for use in submitting your
  claims.
- For dental and vision, please be advised you must use your benefits under yourinsurance first. Once your maximum has been met, you may submit the Explanation of Benefits (EOB) for reimbursement through the Supplemental Benefit Fund.
- For prescription expenses, submit the prescription receipt you received with the medication purchased showing the patient name, medication name, the date the prescription was filled, and the amount owed for the medication. Cash register receipts or charge slips for prescription purchases cannot be accepted as they do not indicate the medication name or patient.
- Cancelled checks, "balance forward" statements, "previous balance" statements, "paid on account" statements or receipts, charge card receipts, or charge card statements are not acceptable forms of expense documentation according to theIRS as they do not clearly indicate the date or type of service.
- The list of eligible medical and dental expenses for which you may seek reimbursement are detailed in IRS Publication 502 "Medical and Dental Expenses" which can be found at www.irs.gov/publications/p502/index.html.
- To be eligible for reimbursement, claims must be submitted within six months from the date the expense was incurred.
- Keep copies of your claims.
- If you have waived IBEW Local 163 Welfare coverage, you MUST submit current copy of your proof of coverage before BCA reimbursement shall be considered.