

September 15, 2022

**To: Collectively Bargained Active and All Retired Participants in the IBEW Local 351 Welfare and Supplemental Fund**

**Re: Health Reimbursement Arrangement 2022**

As you are aware, Health Reimbursement Arrangement (HRA) accounts are funded annually each October by the Trustees of the Welfare and Supplemental Welfare Fund based upon the receipts received in the prior 12 months from the HRA employer contribution.

The Trustees of the Welfare and Supplemental Fund are pleased to inform you that on October 1, 2022, each eligible participant's HRA account will be funded with \$350.00. Please note that the HRA benefit is available to collectively bargained active and all retired participants who are eligible for benefits from the Welfare Fund as of September 1, 2022.

The HRA can be used for the reimbursement of eligible medical and dental expenses for participants and their dependents as detailed in IRS Publication 502 "Medical and Dental Expenses" which can be found at [www.irs.gov/forms-pubs/about-publication-502](http://www.irs.gov/forms-pubs/about-publication-502).

Participants will continue to use the same IBEW Local 351 Welfare and Supplemental Fund HRA debit cards for eligible HRA expenses. Charges on these cards are limited to qualified medical providers and pharmacy expenses for participants and their eligible dependents. Participants are encouraged to make sure that expenses that are covered by the Welfare Fund, like vision and dental benefits, are not mistakenly charged to their HRA accounts. A swipe for non-qualified expenses will be denied. The cards can also be used at websites such as [FSASStore.com](http://FSASStore.com) to purchase HRA eligible products.

Participants will also have the ability to submit paper HRA claims for reimbursement to the Fund Office using the HRA Claim Form available on the IBEW Local 351 section of the I.E. Shaffer & Co. web site at [www.ieshaffer.com](http://www.ieshaffer.com).

Completed claim forms can be returned to the Fund Office through the **secure email portal** by following these simple steps:

- Go to [www.ieshaffer.com](http://www.ieshaffer.com)
- From this site, click [mail2.ieshaffer.com/securemail](mailto:mail2.ieshaffer.com/securemail)
- Select “**IBEW 351 HRA CLAIMS**” from the “Available Recipients” list
- Attach your Claim Form and click “**Send**”

Reimbursement checks will be issued and mailed directly to participants at their home address.

Participants are also encouraged to log into their HRA account to view balance and review transactions via the “Manage HRA” link available on the IBEW Local 351 section of the I.E. Shaffer & Co. web site.

As always, please feel free to contact this office should you have any questions about the HRA benefit, or if we can be of any assistance.

Very truly yours,



Jon Levine  
Administrator

**IBEW Local 351 Welfare and Supplemental Fund  
Health Reimbursement Arrangement (HRA)  
Claim Form**

See the back side of this form for important information. For quickest reimbursement, please visit [www.ieshaffer.com](http://www.ieshaffer.com) and login to IBEW Local 351, then choose "Manage HRA". Login to the PBS Portal and choose "File a Claim".

You can also go to [www.ieshaffer.com](http://www.ieshaffer.com)

Click [mail2.ieshaffer.com/secsend](mailto:mail2.ieshaffer.com/secsend) and select "IBEW 351 HRA CLAIMS" from the Available Recipients.

Attach the Claim Form and click "Send"

Your Name	Social Security #	
Telephone #		
Home Address		
City	State	Zip

**Expense Information (please print)**

*Complete the following information for each claim expense item. If you have multiple items of similar types of service (for example, six prescriptions), you may combine them on one line. Attach supporting documentation for each expense. The claim form and all documentation must list the date(s) that the expense was incurred, provider name, type of service, patient name, and your portion of the charge for the service.*

Date Expense Incurred (mm/dd/yy)	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
<b>Total Requested Reimbursement Amount</b>				

**Certification**

*I authorize my Health Reimbursement Arrangement (HRA) to be reduced by the amount of expenses listed above. I certify that all expenses for which reimbursement is claimed have been incurred and have not been reimbursed and are not reimbursable under any other health plan. I understand that I am required to submit, in addition to this claim form, an itemized receipt or an Explanation of Benefits from my insurer. I represent that any individual (other than the employee or employee's spouse) for whom a claim is filed hereunder, qualifies as a dependent of the employee for federal income tax purposes. I further declare that I have not and will not deduct these expenses on my federal, state, or local income tax returns.*

Employee Signature (Required)	Date
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## Important Medical Reimbursement Claim Submission Information

### Definition of “Incurred”

The term “incurred” refers to the date you or your eligible dependent is provided with the care 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.
- Expenses must be submitted to your Welfare Fund or other insurance prior to being submitted to the HRA 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 from your 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 your insurance first. Once your maximum has been met, you may submit the Explanation of Benefits (EOB) for reimbursement through the HRA 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 the IRS 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](http://www.irs.gov/publications/p502/index.html).
- To be eligible for reimbursement, claims must be submitted within one year from the date the expense was incurred.
- Keep copies of your claims.