

## Plumbers Local 24 Welfare Fund Health Reimbursement Arrangement (HRA) Claim Form

See the back side of this form for instructions. Please complete the form and then send it, along with your receipts, to:  
IE Shaffer & Co P.O. Box 1028 West Trenton, NJ 08628 Attn: 24 HRA Claims

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 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<br>(mm/dd/yy)         | Name of Service Provider | Expense Description | Person for Whom<br>Expense Incurred | Net Amount |
|---|--------------------------|---------------------|-------------------------------------|------------|
|   |                          |                     |                                     |            |
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|   |                          |                     |                                     |            |
| <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 \_\_\_\_\_

## 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 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 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 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 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.