INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS
LOCAL NO. 683 HEALTH AND WELFARE PLAN
HEALTH REIMBURSEMENT ACCOUNT (HRA) CLAIM FORM

Name: _____ **Member ID or SS#** _____
PLEASE PRINT

Address: _____ **Telephone Number:** _____
PLEASE PRINT PLEASE INCLUDE AREA CODE

City, State, Zip _____ ☐ Please check here if this is a new address

Instructions for claims submission:
For each itemized bill, receipt or explanation of benefits (EOB), please provide the date of service, a description of what it represents, the amount of reimbursement being requested, and the individual for whom reimbursement is being requested.

For whom may I request reimbursement?
The Health Reimbursement Account limits expenses to the employee covered by the collective bargaining agreement (or participation agreement) and their eligible dependents as defined in the IRS Code Section 152 and IRS Publication 502. Please complete a separate Claim Form for each patient.

Reimbursement for:	**Information Needed**
Medical co-payments and deductibles	Copy of your Explanation of Benefits
Dental co-payments and deductibles	Copy of your Explanation of Benefits
Vision co-payments and deductibles	Copy of your Explanation of Benefits
Prescription co-payments and deductibles	Copy of the drug label stub or printout from your pharmacy
Monthly self-payments	

Please attach itemized bills/receipts/EOB's for each family member you are seeking reimbursement for allowable medical expenses.

Please itemize your expenses below and attach receipts in order. **NOTE: Bills/receipts must clearly indicate the patient name, physician name, date of service, etc. In addition, if your bill/receipt is for a co-payment, this must be clearly indicated on your bill/receipt.**

-Missing information may cause a delay in the processing of your claim(s)-

Service	Description of Charges	Provider Name	Amount	Patient Name	Relationship
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
	Total		$ 0.00		

By signing this form, I understand that benefits shall be paid in accordance with the Health Reimbursement Account Plan eligibility requirements and limitations established by the Board of Trustees. (See reverse side of this form for a brief description of covered benefits).

_____ _____
Participant Signature Date

Managed for the Trustees by: TIC INTERNATIONAL CORPORATION
6525 Centurion Drive • Lansing, MI 48917-9275
(517) 321-7502 • (844) 683-0683 Toll Free
FAX (517) 321-7508

What is an HRA?
A Health Reimbursement Account (HRA) is an individual account for each Active Participant to help defray some of your out-of-pocket health care costs not covered by the Plan, on a pre-tax basis.

What can I use the HRA account for?

- To pay bills for IRS approved, Medical, Dental, Vision, Prescription or other similar health care expenses which would otherwise not be payable under the IBEW Local No. 683 Health and Welfare Plan.
- To pay a self-payment amount which may be due.

In other words, the HRA may be used for:

- All or part of any co-payments or deductibles required or amount in excess of usual, customary and reasonable limits, on covered Medical Dental, Vision, Hearing or Chiropractic services.
- Medical, Dental and Vision services (provided they are IRS approved expenses)
- Prescription drug program co-payments
- Self-payments
- Other IRS approved Medical expenses as determined under the IRS Code Section 213, as amended from time to time, and IRS Publication 502. Please refer to the SPD for further details.

What expenses are not allowed?
Benefits payable under the HRA are subject to IRS rules and regulations regarding the IRS definition of medical expenses, which may be included in medical expense deductions. The following is a brief list of expenses not payable under the HRA. They include but are not limited to:

- Expenses prior to January 1, 2019
- Expenses already covered under the IBEW LOCAL UNION 683 Health and Welfare Plan
- Over the counter Vitamins / Supplements
- Life Insurance premiums, premiums for other health care insurance, etc.
- Holistic medicine / treatment
- Other exceptions may apply as adopted by the IRS or the Plan's Trustees

What happens to my HRA after I retire or die?
You will still be able to use your HRA as before including Retiree Self-payments, provided eligibility is maintained under the Fund. Should you die, your HRA will be transferred to your surviving spouse or dependent (as defined by the Fund). They may continue using the remaining balance for eligible expenses for up to three (3) years. The balance will be forfeited after 36 months from your termination of eligibility if it is not used.

Eligibility Requirements
You must be an eligible participant in the IBEW LOCAL UNION 683 Health and Welfare Plan to utilize your HRA.

Self-Payments
If you are required to make a self-payment to maintain your coverage, you may use your HRA account to make the payment.

Maximum Benefit
Your maximum benefit equals the current balance in your Health Reimbursement Account.

PLEASE SUBMIT YOUR REIMBURSEMENT REQUEST TO
IBEW LOCAL UNION 683 HEALTH AND WELFARE PLAN HRA
6525 CENTURION DRIVE
LANSING, MI 48917