

# Request for Reimbursement

**INSTRUCTIONS**

1. Complete the information below for medical expenses incurred by you, your spouse or other eligible dependents for which you request reimbursement.
2. Provide supporting documentation to substantiate your claim. Examples include Explanation of Benefits, hospital or doctor bills and premium notifications. You must also provide proof of payment for these expenses. Examples include receipts, credit card statements and cancelled checks. Cash register receipts and canceled checks do not qualify as proof alone. Please see reverse side for a list of medical expenses that are eligible and ineligible for reimbursement and further details. Eligible claims cover payments made on a post-tax basis only. **Claims must be submitted within 90 days after the end of the plan year (December 31) in which expense was incurred.**
3. Sign and return the form via fax, email or mail. Please allow 2-3 weeks to process your reimbursement upon receipt of completed paperwork.

**PERSONAL INFORMATION**

<p>Participant Name</p> <hr/> <p>Last _____ First _____ M.I. _____</p> <p>Is participant deceased? <input type="checkbox"/> Yes</p> <hr/> <p>Surviving Spouse Last _____ First _____ M.I. _____</p> <p>Address</p> <hr/> <p>Street/PO Box/Apt No. _____</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <p><input type="checkbox"/> My home address has changed.</p>	<p>Social Security Number</p> <hr/> <p>Date of Retirement</p> <hr/> <p>Employer Retired From</p> <hr/> <p>Telephone</p> <hr/> <p>Email</p> <hr/> <p>I chose to have my claim paid electronically <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>My Routing Number is _____</p> <p>My Account Number is _____</p> <p><input type="checkbox"/> <b>My bank information has changed</b></p>
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**ELIGIBLE EXPENSES**

Date of Service	Provider Of Service (doctor, pharmacy)	Description of Expense (prescription, office visit)	Name and Relationship of person who incurred expense	Amount Paid	Have you included Proof of Payment for each item?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Total Expenses \$** \_\_\_\_\_

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## INSTRUCTIONS FOR RHF PLAN REIMBURSEMENTS

1. Only participants of the plan can submit a reimbursement form.
2. Retired participants may be reimbursed from the plan at any time during the plan year.
3. Participants may be reimbursed for expenses incurred only after date of Retirement unless specifically allowed otherwise in the Plan document.
4. Claim for benefit forms should be submitted to the Administrator within ninety (90) days after the end of the Plan Year in which the expense was incurred. The Plan Year ends on December 31. The claim forms are due by March of the next year. Under no circumstances can a claim be made after the end of the calendar following the year in which the expense is incurred. If you receive reimbursement for expenses, you may not claim these expenses for income tax purposes.
5. Follow instructions on the front of this form to receive reimbursement. You must provide hospital bills, doctor bills, bills from your medical provider and/or other evidence that the expenses were incurred **along with proof of payment** (canceled checks and cash register receipts will not be accepted as proof alone). If you are submitting a claim for expenses incurred by a family member and we need further information in order to process the claim, your family member is deemed to authorize you to respond to our request. If this form is incomplete (including not signed), it will be returned to you. Print or type the information requested, then date and sign the form. Send this form along with your supporting documentation to IPPFA Benefits.

## QUALIFYING HEALTH CARE EXPENSES

The RHF Plan document contains rules governing what expenses are eligible for reimbursement. Below are some general examples to give you an idea of what items may qualify for reimbursement. Please contact IPPFA Benefits if you have any questions about whether a particular expense is reimbursable. Examples of expenses for which you may be able to receive reimbursement include:

- Out of pocket medical and dental expenses incurred during the past twelve months and as defined in Code 213, unless otherwise excluded.
- Deductibles and co-payments that you are responsible for under your primary medical plan or under any other medical or dental plan.
- Prescription drugs including over the counter drugs to treat a medical condition including Ibuprofen, Naproxen, Zantac, Acetaminophen, APAP, Motrin etc.
- Eye exams, glasses, contact lenses and other vision expenses.
- Orthodontic and dental expenses (unless cosmetic dental expenses).
- Hearing exams, hearing aids and other hearing expenses.
- Massage therapy only if prescribed by a physician to treat a specific medical injury or trauma.
- Physical therapy, chiropractor fees, and acupuncture.
- Payments to a treatment center for alcoholism or stop smoking programs.
- Weight loss programs and/or drugs prescribed to induce weight loss (only if prescribed by a physician to treat an existing disease – not to improve general health or for preventative reasons).
- Health insurance payments for COBRA coverage, Medicare Part B or Medicare Supplemental Plans or health insurance premiums under the IL Insurance Continuation Act for Governmental Employees.

## MEDICAL EXPENSES INELIGIBLE FOR REIMBURSEMENT

- Warranties and service agreements (e.g. eyeglass warranty) or clip-on eye glasses.
- Cosmetic surgery or other similar procedures, unless the surgery or procedure is necessary to ameliorate a deformity arising from or directly related to a congenital abnormality, a personal injury resulting from an accident or trauma or disfiguring disease. “Cosmetic surgery” means any procedure or drug which is directed at improving the patient’s appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease.
- Funeral or burial expenses.
- Household and domestic help even though recommended by a qualified physician due to an employee’s or dependent’s inability to perform housework.
- Home or automobile improvements and automobile insurance premiums.
- Custodial care, health club dues, social activities such as dance lessons even though recommended by a qualified physician for general health improvement.
- Bottled water, cosmetics, toiletries etc. or vitamins and food supplements (some may be eligible if prescribed by a physician to treat a specific medical condition).
- Marijuana and other controlled substances even if prescribed.