



HEALTH REIMBURSEMENT ACCOUNT CLAIM FORM

Plan Description: The Health Reimbursement Account (HRA) is an account for you to use to help cover your premium expenses for health care coverage after you retire. You must be retired and meet the eligibility requirements of the Central Pension Fund to use the funds in your account.

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|---------------------|---|----------------------|------|
| Member's Last Name: | Member's First Name: | Members SSN (last 4) | |
| Claimant Name(s) | | | |
| Street Address: | City: | State: | Zip: |
| Phone Number: | Email Address (optional * by providing your email address you consent to receive email messages from Local 399) | | |

Please indicate the type of plan coverage for which you are requesting premium reimbursement from your HRA:

- () COBRA continuation coverage
- () Contribution to your spouse's employer sponsored group health plan
- () Individual (private) health care plan or Affordable Care Act elected plan that is not subsidized
- () Medicare Supplemental Plan (Medigap plan)
- () Medicare Plan D prescription drug coverage

To the best of your ability, please attach proof of your payments to the coverage(s) checked above. A cancelled check, a credit card receipt, a bank statement or a paid invoice can be submitted (please block out other billing information and account numbers if necessary). Recap the claim information below:

| Name: | Period of Coverage: | Premium was Paid to: | Amount: |
|-------|---------------------|----------------------|---------|
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Comments:

TOTAL \$

By signing below, I certify that I have actually enrolled in and incurred the eligible premium expenses. I understand that expense incurred means the coverage has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed or are not reimbursable from any other source.

Member's Signature

Date

Internal Use Only: CPF Eligible _____ Eff. Date _____ Initial _____/_____ Inv # _____ Remaining HRA \$ _____



LOCAL 399 HRA

RETIREE ACCOUNT PROGRAM

The Health & Welfare Board of Trustees established a Health Reimbursement Account (HRA) benefit for members who are employed by an employer who agrees to participate by means of a collective bargaining agreement and/or participating agreement. This HRA is an account for you to use towards your purchase of health care coverage after you've retired.

This account will be maintained for you, funded by monthly contributions made by your employer at the rate indicated in the collective bargaining agreement. You cannot make self-payments to this program.

When you're retired and meet the Central Pension Fund vesting requirements of age and years of service, you may collect the funds in your retiree account as reimbursement for the premiums you've paid for health care coverage for you and/or your spouse.

After retiring, provided you meet the eligibility requirements, you can file a claim to collect the funds in this account as reimbursement for these health coverage premiums:

- COBRA continuation coverage
- Medicare Supplemental Plan coverage
- Medicare Plan D prescription drug coverage
- Self-contribution of your spouse's employer sponsored group health plan

Note: HRA funds cannot be used for Medicare Part B coverage premiums.

This Retirement Account Program will provide a benefit to both you and your spouse upon your retirement. In the event of your death, based on your meeting pension vesting requirements, your spouse can use this account to cover his/her health plan premiums.

If you would like full details of this program, please call the Fund Office at (312) 372-9870, option #3 or visit Local 399's website: www.iuoe399.org – **H&W Page; Health Reimbursement Account (HRA) link in the blue menu bar** (see below).



IUOE Local 399 Health Reimbursement Account (HRA)

2260 S. Grove Street • Chicago, IL 60616 • Phone: (312) 372-9870 – Option #3 Fax: (312) 842-0291