

PLUMBERS AND PIPEFITTERS LOCAL 333 HEALTH & WELFARE FUND

MEDICAL REIMBURSEMENT ACCOUNT (MRA) 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 § 152. Please complete a separate Claim Form for each patient.

Reimbursement for:

- Medical co-payments and deductibles
- Dental co-payments and deductibles
- Vision co-payments and deductibles
- Prescription co-payments and deductibles
- Monthly self-payments

Information Needed

- Copy of your Blue Cross Blue Shield of Michigan EOB
- Copy of your Blue Cross Blue Shield of Michigan EOB
- Copy of your Blue Cross Blue Shield of Michigan EOB
- Copy of the drug label stub or printout from your pharmacy

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				

By signing this form, I understand that benefits shall be paid in accordance with the Medical 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).

Signature of Participant

Date

What is an MRA?

A Medical Reimbursement Account is an individual account for each Active Participant to help defray some of your out-of-pocket health care costs not covered by the Fund, on a pre-tax basis.

What can I use the MRA 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 Plumbers and Pipefitters Local 333 Health and Welfare Fund.
- To pay a self-payment amount which may be due.

In other words, the MRA 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. Please refer to the SPD for further details.

What expenses are not allowed?

Benefits payable under the MRA 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 MRA. They include but are not limited to:

- Expenses prior to June 1, 2008
- Expenses already covered under the Plumbers and Pipefitter Local 333 Health and Welfare Fund
- 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 Fund's Trustees

What happens to my MRA after I retire or die?

You will still be able to use your MRA as before including Retiree Self-payments, provided eligibility is maintained under the Fund. Should you die, your MRA 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 two (2) years. The balance will be forfeited after 24 months from your termination of eligibility if it is not used.

Eligibility Requirements

You must be an eligible participant in the Plumbers and Pipefitters Local 333 Health and Welfare Fund to utilize your MRA.

Self-Payments

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

Maximum Benefit

Your maximum benefit equals the current balance in your Medical Reimbursement Account.

**PLEASE SUBMIT YOUR REIMBURSEMENT REQUEST TO
PLUMBERS & PIPEFITTERS LOCAL 333 HEALTH AND WELFARE FUND MRA
6525 CENTURION DRIVE
LANSING, MI 48917**