

PAYMENT FROM THE HEALTH REIMBURSEMENT ACCOUNT PLAN

You should refer to your summary plan description booklet regarding your eligibility to receive distribution from this Plan. Listed below is the required documentation that must be attached to this application in order for payment to be made to you. **The Plan reimburses benefits for up to one year after the event or date the service is rendered.**

In order to receive payment for unreimbursed hospitalization, medical, surgical, or dental expenses, the applicant must first submit bills to the Hospitalization Plan or Dental Plan. Submit the denial or Explanation of Benefits along with the form "A" or form "B" portion of this application. For unreimbursed or partially paid prescription or over the counter medication expenses, submit an itemized receipt along with the form "B" portion of this application.

The Plan will also allow for reimbursement of COBRA premiums, Medicare Part "B" premiums, Long Term Care premiums paid to an insurance company, subject to Internal Revenue Code limits, and certain over the counter drugs, as allowed under IRS regulations.

Individual bills for any of the above should be accumulated until the total expenses equal or exceed \$100.00 or you may submit a lesser amount at the beginning of each December.

In order to obtain reimbursement for a COBRA premium payment, the applicant is obligated to include a copy of the canceled check for the participant, a divorced spouse or dependent child.

In order to obtain reimbursement for a Medicare Part "B" premium payment, the applicant must submit Form SSA-1099 on an annual basis.

In order to obtain reimbursement for Long Term Care premiums paid to an insurance company, you must submit a copy of the premium statement along with a copy of both sides of the cancelled check.