

Sprinkler Fitters Local 483 - HRA

Health Reimbursement Arrangement - CLAIM FOR DISBURSEMENT

IMPORTANT INSTRUCTIONS

Please comply with the following instructions to file your claim for reimbursement. Failure to follow these instructions will delay processing of your claim. Additional information regarding allowable expenses is provided on the reverse of this form.

1. Complete the entire claim form, including the itemized list of expenses.
2. Attach documentation supporting the expenses. Acceptable documentation includes:
 - ◆ For medical care – an itemized bill from the provider of service showing the date the service was performed, the provider name, the type of service and/or procedure codes, and your out-of-pocket cost for the service.
 - ◆ For prescription drugs – the drug receipt or label showing the date, name of the drug, and out-of-pocket cost.
 - ◆ For over-the-counter drugs and medicines – must provide a current doctor’s prescription (except insulin), the itemized receipt from the place of purchase showing the date, item purchased, and out of pocket cost.
 - ◆ For services covered by health insurance, you may attach your health plan Explanation of Benefits (EOB)
3. Note the claim line number in the upper right corner of each attachment. For example, note “H1” in the upper right corner of your documentation for the health care expense listed first on the claim form. If one document is provided to support more than one claim line, note all applicable claim lines on the attachment.
4. If additional space is needed for your itemization, attach a separate sheet using the same format as the itemization on the claim form. Continue the claim line numbers on the additional sheet.
5. Carefully read the Certification on the reverse, then sign and date the claim form.
6. Keep a copy of this form and all supporting documentation for your records.

Employee Name: _____ SSN: _____

Employee Address: _____

Line # note on attachments	Service Date(s)	Provider Last Name & Degree (e.g. M.D.)	Type of Service (Medical, Dental, Vision, Orthodontia, Rx, Over the Counter)	Patient Name	Amount Requested
H1					
H2					
H3					
H4					
H5					
H6					
H7					
H8					
H9					
H10					
Total Health Care Expense Claim					\$

CERTIFICATION OF EXPENSES AND CLAIM FOR REIMBURSEMENT

I certify that I have read and understand the Certification on the reverse side of this form.

Employee Signature: _____ Date: _____

EMPLOYEE CERTIFICATION

Read this statement carefully then sign in the appropriate place on the front of this form.

- I certify that I am claiming reimbursement only for eligible expenses incurred since January 1, 2016 for myself, spouse or qualifying dependants.
- I certify that these expenses have not been reimbursed under any other health plan.
- I understand that the expense for which I am reimbursed may not be claimed as an income tax deduction.
- I understand that if I am reimbursed for an ineligible expense and the IRS audits my personal income tax return, I may be subjected to taxation on the reimbursement amount.
- I have provided sufficient documentation to support all expenses for which I am requesting reimbursement.

HRA Eligible Expenses:

- ◆ Services must be incurred by you, your spouse, or eligible dependants as defined by the IRS.
- ◆ Expenses must be for healthcare costs as defined by the IRS, which includes "amounts paid for the diagnosis, cure, mitigation, treatment, prevention of disease, or for the purpose of affecting any structure or function of the body."
- ◆ Health care expenses include medical, dental, vision, hearing, co-payments for office visits, plan deductible expenses, and out of pocket expenses for prescription drugs.
- ◆ Expenses for personal items are not reimbursable even if recommended by your physician. Generally, an expense is deemed "personal-only" if it would have been incurred in the absence of a medical condition. Examples are health club dues and dental hygiene products.
- ◆ Dual-purpose items which may be personal or medical in nature require a current doctor's prescription. Examples are massage therapy, support stockings, and orthopedic shoes. Medical necessity can be substantiated through a letter or other documentation of illness or disease from your practitioner.
- ◆ Over-the-counter drugs and medicines are only reimbursable if accompanied by a current doctor's prescription to treat a specific medical condition. Examples of OTC items include allergy medications, cough or cold medicines, pain relievers, diaper rash ointments, antacids, acne treatments, wart remover treatments and all vitamins and supplements.
- ◆ Sufficient documentation to substantiate the medical necessity of the expense must be provided in order for your claim to be processed.

By signing and submitting this claim form you are certifying that these expenses have not been reimbursed or are reimbursable under any other source and that you will not claim these expenses as a deduction on your individual tax return.

MAIL, FAX or E-MAIL COMPLETED CLAIM FORM & SUPPORTING DOCUMENTATION TO:

**ZENITH AMERICAN SOLUTIONS, INC.
FLEXIBLE SPENDING ACCOUNTS DEPARTMENT
PO Box 91082
Seattle, WA 98111-9182**

Toll Free Fax 1-866-528-7722

E-Mail address: Flex@zenith-american.com

**FSA CUSTOMER SERVICE PHONE:
1-800-757-0071 Option 2**

Examples of Health Care Expenses Eligible for Reimbursement (As defined by IRS code section 213(d) and IRS publication 502)

- Abortions, legal
- Acupuncture
- Alcohol and drug treatment
- Ambulance hire
- Artificial limbs
- Birth control pills
- Braille – books and magazines
- Car controls for the handicapped
- Chiropractors
- Christian Science practitioners' fees
- Contact lenses and solutions
- Crutches
- Deductibles
- Dental fees (non-cosmetic)
- Dentures
- Diagnostic fees
- Eyeglasses, including examination fee
- Hearing devices
- Home improvements/modifications (some), motivated by medical considerations
- Hospital bills
- Infertility services
- Insulin
- Insurance copayments
- Laboratory fees
- Massage therapy if medically necessary
- Midwife
- Naturopathic physicians
- Nursing home fees (main reason for stay must be for medical care)
- Nursing services
- Obstetrical Expenses
- Orthopedic shoes
- Orthodontia – Payment for services as incurred, requires a treatment plan, and subject to recommended IRS limitations.
- Over-the-counter drugs and medications (such as antacids, cold medicine, anti-fungal cream) –when submitted with a current doctor's prescription for the treatment of a specific medical condition.
- Over-the-counter supplies (such as Band-Aids, adult diapers, insulin test strips)
- Oxygen
- Physician fees
- Prescription drugs and medical supplies
- Private institution/home cost for mentally or physically-handicapped
- Psychiatric care
- Psychologists' fees
- Refractive eye surgery
- Seeing-eye dog and its upkeep
- Smoking cessation programs and supplies
- Sterilization fees
- Sunglasses, by prescription
- Surgical fees
- Telephone, special for deaf
- Television audio display equipment for the deaf
- Transplant/donor medical expenses
- Transportation expenses, primarily in the rendering of medical service
- Vaccination/immunizations
- Vitamins by prescription
- Wheelchair
- Wigs (for hair loss due to disease)
- X-ray

***EXPENSES MUST BE FOR TREATMENT OF A SPECIFIC MEDICAL CONDITION.
DOCUMENTATION FROM YOUR HEALTH CARE PROVIDER MAY BE REQUIRED.***

Examples of Health Care Expenses That Do Not Qualify for Reimbursement

- Services or items primarily for cosmetic reasons, defined as the primary purpose of enhancing the appearance
- Marriage or family counseling
- Over-the-counter drugs and medicines without a current doctor's prescription. Example:
 - * Acid Controllers * Antibiotics * Antit-Gas Products * Cold Sore Remedies
 - * Digestive Aids * Sleep Aids * Cough, Cold & Flu * Rash Ointments/Creams
 - * Laxatives * Pain Relievers (i.e., aspirin, motrin, ibuprofen)
- Over-the-counter supplies items that would be used even in the absence of a medical condition
- Orthodontia or medical expenses incurred for services in a prior year. (Payment of balance due amounts to clinics or medical professionals)
- Household and domestic help (even though recommended by a qualified physician due to an employee's or dependent's inability to perform physical housework)
- Cost for sending a problem child to a special school for anticipated benefits the child may receive from the course of study and the disciplinary methods used
- Any expense incurred in connection with an illegal operation or treatment
- Health club dues, YMCA dues, steam bath, etc.
- Social activities, such as dance lessons or classes (even if recommended by a qualified physician)
- Membership fees or costs associated with weight loss for purpose of general health and well being
- Medical insurance premiums
- Vitamins/ Supplements taken for general health purposes
- Automobile insurance premiums including the segment of premiums providing medical care for persons injured through accident by an employee's car
- Vacations or travel taken for purposes of general health, a change in environment, improvements of morale, etc, or taken to relieve physical or mental discomfort not related to a particular disease or physical defect
- Transportation expenses to and from work, even through a physical condition may require special means of transportation