

WISCONSIN SHEET METAL WORKERS HEALTH AND BENEFIT FUND

2201 Springdale Road, Waukesha, WI 53186 262-798-1838 or 800-654-2329 – Fax: 262-798-1846

Health Reimbursement Account (HRA) Request Form

Participant Information

Participant's Name _____ Plan ID Number _____

Address _____ City _____ State _____ Zip Code _____

HRA Expense Claims. Attach appropriate receipt(s) for each expense listed below when submitting this form; please see the reverse side of this form for more details on what information to provide. Requests for reimbursement must total a minimum of \$100.

Table with 5 columns: Date Expense Incurred, Service Provider, Expense Description or Claim Number, Person for Whom Expense Incurred, Expense Amount. Includes a total reimbursement row with the instruction 'YOU MUST LIST A TOTAL ON THIS FORM'.

Participant Authorization

By signing below, I certify that all services for which reimbursement is requested on this form were provided while I was eligible for coverage under the HRA Program and were for me or my eligible dependents, as defined by the Plan. I understand that the Internal Revenue Code permits reimbursement only for Qualifying Medical Expenses and Qualifying Premium Expenses, as defined by the Plan (collectively, "Eligible Expenses"). Further, I certify that the Eligible Expenses have not been otherwise reimbursed, nor will they otherwise be reimbursed, through any other source, have not been paid on a pre-tax basis, and have not been taken, nor intend to be taken, as a tax deduction. I understand that I alone am fully responsible for the sufficiency, accuracy, and truthfulness of all information relating to the claims on this form and that I am liable for payment of expenses and that if an expense is not eligible for reimbursement under the HRA Program, I am liable for payment of all related taxes on amounts paid by the Plan that relate to these expenses.

Participant's Signature _____ Date _____

Claim Submission

Mail completed form and any required documentation to: Wisconsin Sheet Metal Workers Health and Benefit Fund 2201 Springdale Road Waukesha, WI 53186-2855

You may also fax a copy of the completed form and documentation to 262-798-1846

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Claims and Reimbursement Procedures

To receive reimbursement for Eligible Expenses, you must submit this written claim form, with the required supporting documentation, to the Plan in accordance with the Plan's claim procedures as briefly described here and in more detail in your Summary Plan Description. Reimbursement is paid directly to you; you are responsible for paying any providers.

While you can submit requests for reimbursement at any time, **the Plan requires that any requests for reimbursement total a minimum of \$100.** Therefore, you will have to hold your requests for reimbursement until you have at least \$100 in Eligible Expenses. In addition, the amount reimbursed for any Eligible Expense may not exceed your HRA balance at the time reimbursement is requested. If you have insufficient funds in your HRA, it is your responsibility to resubmit the balance during the next month your HRA has sufficient funds. The Board also implemented an annual exception to the \$100 minimum claim requirement. If at the end of the calendar year you do not have claims totaling a minimum of \$100, to submit for an HRA reimbursement, you may submit a claim for the lesser amount. This claim will be accepted until March 31 of the following year. Also, in the event your Plan coverage ends, you may submit Eligible Expenses incurred while you were eligible for the HRA Program totaling less than \$100 to close out your HRA.

You should file a written claim for reimbursement with the Fund Office as soon as possible. If your claim is not filed by the last day of the calendar year following the year in which the expenses are incurred, your claim will not be accepted and will be denied.

While IRS Publication 502 is helpful in determining whether an incurred expense is an Eligible Expense reimbursable under the HRA Program, its information is not completely consistent with the rules that apply to the HRA Program. IRS Publication 502 applies to tax deductible expenses for federal income tax purposes, so some items listed are not Eligible Expenses reimbursable under the HRA Program because the HRA Program is subject to additional IRS requirements. For instance, the HRA Program cannot reimburse long-term care expenses or premiums for health insurance which could be paid for under an employer's Section 125 cafeteria plan. Finally, the HRA Program has the right to deny reimbursements for certain expenses even though they may be allowed under federal law. You can check to see if an expense is qualified under the HRA by going to: <http://hcet.ebia.com/bpawi>.

As a reminder, reimbursements for long-term care expenses, reimbursements for premiums for fixed indemnity, cancer and hospital indemnity insurance and reimbursements for expenses that could be reimbursed through a Section 125 cafeteria plan are not allowed.

Along with this form, you must provide any of the following, as applicable:

- An itemized bill from the service provider that includes the name of the person incurring the charges, date the service was provided, description of services, name of provider, and amount of charge. For orthodontia expenses only, Eligible Expenses can be incurred on an earlier date of payment or the actual date of service.
- An Explanation of Benefits (EOB) from any coverage (including any EOB from this Plan) when requesting reimbursement of the balance of charges for which coverage is available plus original receipts verifying payment.
- Proof of the amount (premium notice), name of the covered person, date paid and coverage period when requesting reimbursement for Qualifying Premium Expenses, such as COBRA or Medicare. Additional documentation is also required for reimbursement of premiums under a long-term care contract.
- A receipt and proof of purchase or rental for covered items (such as for crutches or wheelchairs).
- A receipt on which the name of the product has been imprinted by a cash register for qualified over-the-counter medicines and medical supplies. Unreasonable quantities of such items cannot be reimbursed under IRS rules.
- Any additional documentation requested by the Plan.

If you, your spouse, and/or your dependents are eligible for other coverage, you must include a copy of the Explanation of Benefits (EOB) from the other coverage as well as any EOB from this Plan. Only expenses that are covered, but not reimbursed, as shown on the EOB form, will be considered eligible for reimbursement.

It's a good idea to make a copy of all materials you submit for your records. Materials you submit will not be returned to you.