



Bricklayers and Allied Craft Workers Welfare Fund of Western Pennsylvania MRA Reimbursement Form

BC00

Return completed documents to:

Bricklayers and Allied Craft Workers
Welfare Fund of Western Pennsylvania
P.O. Box 160
Troy, MI 48099-0160

Trust Fund Phone #: (877) 270-1199
Fax #: (248) 556-2597
Email: flexclaims@benesys.com

Instructions: To receive benefits from your MRA account, you must complete **ONE FORM** per patient, along with the following information:

Reimbursement for:

Medical Expenses

Dental Expenses

Vision Expenses

Prescription Expenses

Information Required:

Copy of your Explanation of Benefits Form (EOB).
Balance due statements are not acceptable.

Copy of your Explanation of Benefits Form (EOB).
Copy of Itemized Bill.
Orthodontic services will be paid for after services are rendered.

Copy of your Explanation of Benefits Form (EOB).
Copy of Itemized Bill.

Copy of the drug label stub or a printout from your pharmacy.
Cash register receipts are not acceptable.

PLEASE NOTE: You **MUST** allow up to **30 business days** for reimbursement. All reimbursements for claims will be made payable to the member. Claims must be filed within **12 months** from the date of service.

Member's Name: _____ Member's SS#: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service (Medical, Dental, Vision or Prescription)	Providers Name	Date of Service	Amount of Claim
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

By signing this form, I understand that benefits shall be paid in accordance with the MRA Plan eligibility requirements and limitations established by the Board of Trustees

Member's Signature: _____ Date: _____



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What can I use the MRA account for?

Qualified medical expenses generally, but not always, are those that would qualify as tax-deductible medical, dental or vision expenses. These are explained in IRS Publication 502.

Also, a medicine or drug will be a qualified medical expense for MRA purposes only if the medicine or drug:

- requires a prescription;
- is available without prescription (an over-the-counter medicine or drug) and you get a prescription for it; or
- is insulin.

Qualified medical expenses reimbursable from your MRA include the following:

- amounts paid for health insurance premiums*;
- amounts paid for long-term coverage;
- amounts that are not covered under another health plan; and
- deductibles, copayments or coinsurance.

What expenses are not allowed?

- Expenses that are not for "medical care" as that term is defined by IRS Publication 502; Controlled substances that are in violation of federal law, even if a state allows its use with a physician's prescription (for example, marijuana prescribed to treat a specific medical condition);
- Cosmetic Surgery.
- Nutritional supplements, vitamins, herbal supplements, and natural medicines unless they are prescribed by a medical practitioner as treatment for a specific medical condition diagnosed by a physician;
- Weight-loss programs and drugs prescribed to induce weight loss, unless prescribed by a physician to treat a specific medical condition; and
- Special food and beverages, unless the food or beverages are prescribed by a medical practitioner to treat a specific illness or ailment and do not substitute for normal nutritional needs.

Is there a time limit to file for MRA Benefits?

Yes, claims must be received by the Fund office within 12 months from the date of service.

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