



Heat & Frost Insulators and Asbestos Workers Health and Welfare Trust Fund Health Reimbursement Arrangement (HRA) Form

L800

Return completed documents to:

Heat & Frost Insulators and Asbestos Workers
Health and Welfare Trust Fund
P.O. Box 430
West Covina, CA 91793

Trust Fund Phone #: (800) 433-6692
Fax #: (248) 556-2597
Email: flexclaims@benesys.com

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

Reimbursement for:

Medical & Prescription
Insurance Premiums Only

Information Required:

A copy of a paid monthly premium invoice or payment history from your insurance provider.

PLEASE NOTE:

- You **MUST** allow up to 30 business days for reimbursement.
- Claims must be filed no later than March 31st of the following calendar year.
- You will need to submit new HRA Reimbursement Forms each year. Your HRA recurring payments do not carry over from one year to the next year.

Select One Box Only:

Withdraw from Retiree Account: _____ SSN or Alternate ID: _____

Withdraw from Spouse Account: _____ SSN: _____

Address: _____

Phone Number: _____

Person Receiving Service: _____ Relationship: _____

Provider	Date of Service	Would you like monthly payments? (Recurring Payment) Yes / No	Amount of Claim

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

Claimant's Signature: _____ Date: _____



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Health Reimbursement Arrangement Account

The HRA Benefit Account will be \$417/month subject to the following:

1. The Account will be funded with the amount at the beginning of each month.
2. A separate HRA account is provided to the Early Retiree and his/her spouse in the amount of \$417 per month for each participant. Account balances for the retiree and spouse are tracked separately.
3. The funds remaining in a participant's HRA are forfeited at the end of the calendar year after allowing for a 90 day runout period to submit expenses for reimbursement. (i.e., 2025 calendar year expenses must be submitted no later than March 31, 2026). Any remaining funds are returned to the general assets of the Health and Welfare Trust.
4. If a participant is no longer eligible (i.e., returns to work), the funds remaining in a participant's HRA retiree and spouse accounts are forfeited at the end of the month. There will be a 90 day runout period to submit expenses for reimbursement that were incurred prior to termination of eligibility.

What can I use the HRA account for?

Qualified medical expenses will be limited to Individual Insurance Premiums for Medical and Prescription Drug plans purchased by an Early Retiree and/or his/her spouse.

Is there a time limit to file for HRA Benefits?

Yes. The funds remaining in a participant's HRA are forfeited at the end of the calendar year after allowing for a 90 day runout period to submit expenses for reimbursement. (i.e., 2025 calendar year expenses must be submitted no later than March 31, 2026).

DIRECT DEPOSIT – Optional

1. Participant or Spouse's Name: _____
2. Participant or Spouse's SSN: _____
3. Bank Name: _____ City / State / Zip: _____
4. Routing / Transit No.: _____ Account No.: _____
5. Is this a: CHECKING Account: SAVINGS Account:

Signed: _____ Date: _____

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