



INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF
CARPENTERS' WELFARE FUND
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Medical Reimbursement (MRA) Claim Form

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

Reimbursement for:

Medical Co-payments

Information Required:

Copy of your Explanation of Benefits Form (EOB).

Balance due statements are not acceptable.

Dental

For actives and early retirees, a copy of your EOB. For Medicare retirees, a copy of a detailed invoice listing the services rendered and the charge for each.

Orthodontic services will be paid for after each appointment.

Vision Services

Copy of a detailed invoice listing the services rendered and the charge for each.

Prescription Payment or Co-Payment

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. There is a \$5.00 processing fee per submission. *Each submission can have multiple claims.* Please attach additional pages for claims that do not fit on the lines provided.

You can request that the fund office directly reimburse your medical provider(s). The amount to be reimbursed to your providers cannot be less than \$25.00. You must attach a copy of the bill from each provider that you want paid direct. Please note the bills from providers need to indicate Patient name, date of service, patient account number, amount due and responsible party's name.

Member's SS#

Member's Name: _____ or alternate ID: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service
(Medical, Dental, Vision,
Prescription)

Providers Name

Date of Service

Amount of Claim

_____	_____	/ _____ / _____	_____
_____	_____	/ _____ / _____	_____
_____	_____	/ _____ / _____	_____
_____	_____	/ _____ / _____	_____

I hereby authorize payment for the above services for which I am requesting benefits:



Payable to Provider



Payable to Member

By signing this form, I understand that benefits shall be paid in accordance with the IKORCC Health Plan MRA Account requirements and limitations established by the Board of Trustees. (See the reverse side of this form for a brief description of covered benefits).

Member's Signature: _____ Date: _____

MRA ACCOUNT

What is the MRA Account?

The *Medical Reimbursement Arrangement* (MRA) is a bookkeeping account that will be established for each active eligible participant, which the participant may use to pay for deductibles and other eligible medical expenses. It is bookkeeping account only – it cannot be cashed out by participants at any time, and it does not “vest” – the Board may terminate the account at any time.

How will my (MRA) be Funded?

Each active eligible participant will have an account credited with contributions from the Dollar Bank Credits in excess of three months' eligibility, at a rate determined by the Board of Trustees.

How will I be informed of my MRA balance?

Your MRA balance will be listed on your monthly status report. The monthly status report will reflect your beginning balance, any new work hour credits to the MRA and any reimbursement requests that have been processed. Claims paid from the MRA will reduce your account balance.

What can I use the MRA account for?

You can use your MRA account to reimburse you for amounts you pay for qualified medical, dental, vision or prescription drug expenses which are not covered by the Fund, due to co-payments, maximum benefit allowed, or services that are not payable under the Plan, and to pay a self-payment amount which may be due to continue your coverage.

The MRA may be used for all “qualified medical expenses” Unfortunately, we cannot provide an exhaustive list of all possible “qualified medical expenses”. A partial list is provided in IRS Pub 502 (available at www.irs.gov). A determination of whether an expense is for “medical care” is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness. The determination often hangs on the word “primarily.”

As an example, the following is a partial list:

- All or part of any co-payments required, or amounts in excess of usual, customary and reasonable limits, on covered medical services;
- Other medical expenses, provided they are qualified medical expenses as defined by the IRS;
- Unreimbursed Dental or vision claims
- Prescription drug co-payments;
- Diabetic education, providing you submit a prescription from your physician and obtain the education from a licensed dietitian

What expenses are not allowed?

Benefits payable under the MRA are subject to IRS rules and regulations regarding the IRS definition of medical expenses which may be included in medical expense deductions. The following is a partial list of expenses not payable under the MRA. They include but are not limited to:

- Expenses already processed and the amount paid by your medical insurance carrier
- Vitamins/Supplements (whether prescribed by a doctor or not), and over the counter drugs and supplies
- Life Insurance Premiums and premiums for other insurance

What do I have to do to request reimbursement from my MRA?

You must send a completed MRA Claim Form along with the following information: (NOTE: BALANCE DUE STATEMENTS ARE NOT ACCEPTABLE).

Reimbursement for:

Medical Co-payments

Information Required

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

Dental and Vision Claims

For actives and early retirees, a copy of your EOB. For Medicare retirees, a complete itemized bill including date of service and explanation of service.

Prescription Payments or Co-payments

Copy of drug label receipts showing amount of payment or co-payment. DO NOT SEND cash register receipts.

Where do I obtain MRA Claim Forms?

You may call the Fund Office to have a Claim Form mailed to you.

Where do I send my MRA reimbursement requests?

Send these requests to:

INDIANA/KENTUCKY/OHIO REGIONAL COUNCIL OF CARPENTERS' WELFARE FUND

P.O. Box 969
Troy, MI 48099-0969

Email: IKORCCHRAclaims@benesys.com
Fax: (248) 636-1726

Is there a time limit to file for MRA Benefits?

Yes, MRA Claims must be filed by January 31st of the second year following the Plan Year in which the expense was incurred.

What happens to my MRA after I retire?

You will still be able to use your MRA as before. Should you die, your MRA will be transferred to your surviving spouse.

What is my maximum MRA benefit?

Your maximum benefit equals the current balance in your MRA account, in excess of 3 months' eligibility.