Local Union No. 598 Plumbing & Pipefitting Industry Health & Welfare Plan & Trust

Spousal Authorization Form
Health Reimbursement Arrangement (HRA)

Completed form should be forward to:

Local Union No. 598 Plumbing & Pipefitting
PMB #116
5331 S Macadam Avenue, Suite 258
Portland, OR 97239

For questions regarding your account balance, the status of claim payments, eligible expenses or how to file a claim on-line, log onto the Local Union No. 598 Plumbing & Pipefitting website: www.ua598benefits.org or call the Trust office at: (800) 205-7002

PARTICIPANT Information (Please print legibly):

Name (Last, First, M.I.)	Social Security Number
Address (Street, City, State, Zip)	Daytime Telephone

SPOUSE Information (Please print legibly):

Name (Last, First, M.I.)	Social Security Number
Address (Street, City, State, Zip)	Daytime Telephone

Please check one:

☐ **I AUTHORIZE my Spouse to sign, submit and/or act on my behalf regarding HRA reimbursements for myself, themselves, and/or any eligible dependent children.**

☐ **I REVOKE prior authorization for my Spouse, sign, submit and/or act on my behalf regarding HRA reimbursements for myself, themselves, and/or any eligible dependent children.**

Certification: PARTICIPANT MUST SIGN BELOW.
I certify that my Spouse may sign an HRA Claim form, submit documentation and act on my behalf for HRA reimbursements. This authorization is valid until revoked in writing and submitted to the Administrative Office.

_____ _____
PARTICIPANT'S SIGNATURE Date

Important Information

- **THE PARTICIPANT must sign and date this form.**

Other HRA Reminders:

- Claims must be received by the Trust Office no later than 12 months from the date of service.
- If the claim is for prescribed over-the-counter medicine, you must submit one of the following items with your claim for reimbursement:
    - A receipt from a pharmacy which identifies the name of the purchase (or name of the person for whom the prescription applies), the date and amount of the purchase, and an Rx number; or
    - A receipt from a pharmacy without an Rx number accompanied by a copy of the related prescription.
- Keep copies of everything submitted
- If you have other insurance coverage that is secondary to this Plan, your claim must be filed with your secondary carrier before your claim for reimbursement is processed. You must submit a copy of the secondary carrier's Explanation of Benefits (EOB) with your claim for reimbursement.
- Please Note:
    - Retiree Medical Premiums for individual health plan policies can only be paid from the Retiree HRA Account
    - If you are a Retiree with both a Retiree and an Active HRA Account, Medical Care Expenses will be paid from your Active HRA Account first.