

Plumbers and Pipefitters Local Union #94

Health and Welfare Fund

P.O. Box 1129 Troy, MI 48099-1129

Email: flexclaims@benesys.com

Toll Free: (800) 435-2388

Fax: (248) 731-5603

AUTHORIZATION FOR DISBURSEMENT FROM MRA ACCOUNT

Instructions: To receive reimbursement from the Medical Reimbursement Account (MRA), you must complete ONE FORM per patient, along with the following information:

Reimbursement for:

Medical Co-Payments

Information Required – please attach:

Copy of your EOB (Explanation of Benefits Form)

Balance due statements 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.

Member's Name: _____ **Member SSN:** xxx-xx-_____

Address: _____

Telephone: _____

Patient Name: _____ **Relationship:** _____

I am requesting payment for the following charges for which I have not been reimbursed, and for which I have not and will not be claiming on Federal Income Tax Deduction.

Type of Service Medical	Providers Name	Date of Service	Amount of Claim

****Please make a copy for yourself of all charges submitted in the event of loss****

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

Member's Signature: _____ **Date:** _____

Not Valid Unless signed and dated by Employee

MAIL TO: Plumbers & Pipefitters Local #94

P.O. Box 1129 Troy, MI 48099-1129

FAX: 1-248-731-5603 or EMAIL: flexclaims@benesys.com

What do I have to do to request reimbursement for my Benefit?

You must send a completed Reimbursement Benefit Claim Form along with the following information attached:

Reimbursement for:

Medical Reimbursement

Information Required

A copy of the Explanation of Benefits form (EOB) from your medical carrier which shows the member responsibility and matches the amount being requested below. Receipts showing payment was made for expenses not covered by the Health and Welfare Plan. Unreimbursed medical, dental, vision and prescription expenses are subject to limitations specified in your Summary Plan Description.

(Please note: Balance due statements are not acceptable.)

Self-Payment

A copy of the self-payment notice must be attached.

Where do I obtain Reimbursement Claim Forms?

You may print the Medical Reimbursement Claim Form from the **Participant Website at www.UaLocal94Benefits.org**

Click on Documents, select Health Care – Health Care Documents, select Medical Reimbursement Form.

You may also contact the Fund office at (800) 435-2388 to have a claim form mailed to you.

Where do I send my Reimbursement claim requests?

You have (3) options to submit your claim(s).

<u>By MAIL:</u> Plumbers & Pipefitters Local #94 Health and Welfare Fund PO Box 1129 Troy, MI 48099-1129	<u>By FAX:</u> Fax: (248) 731-5603	<u>By EMAIL:</u> E-mail: flexclaims@benesys.com
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Is there a time limit to file for Reimbursement Benefits?

Yes, Reimbursement Benefit claims must be filed within one year from the end of the calendar year in which the services were rendered for the Medical Reimbursement Account.

What information should I keep?

Please keep a copy of all items submitted in case of a Fund Audit or IRS documentation requirement.