



CENTRAL MIDWEST REGIONAL COUNCIL OF CARPENTERS' BENEFIT FUNDS

How to Navigate the Benefits Website and Mobile App

A step-by-step guide for members and their families



www.CMRCCBenefits.org

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Welcome & Login

Navigate to the Participant site and set up your account in minutes.

Visit the Benefits Website

Open www.CMRCCBenefits.org on any computer, phone, or tablet.



You will find resources for Welfare, Pension, and Annuity Funds all on this one site.

Once logged in, you can view your personal information, including Eligibility coverage, Pension History, Annuity & MRA contributions, and more!

On the Home page, read key announcements and quickly navigate to resources and commonly asked questions.



Register for the First Time

In the Login box, click “Create an Account.” Complete every required field on the Registration screen and submit.

You’ll get an email to confirm your account, which also helps recover your login later.

If you have trouble creating your account, contact the Benefit Office at (800) 700-6756.

Forgot your Login Details?

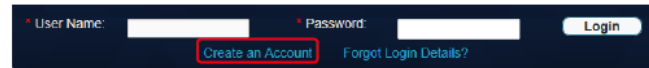
In the Login box, click “Forgot Login Details.” Complete every required field on the ‘Forgot Password or User Name’ screen and submit.

You’ll get an email with further instructions on resetting your password.

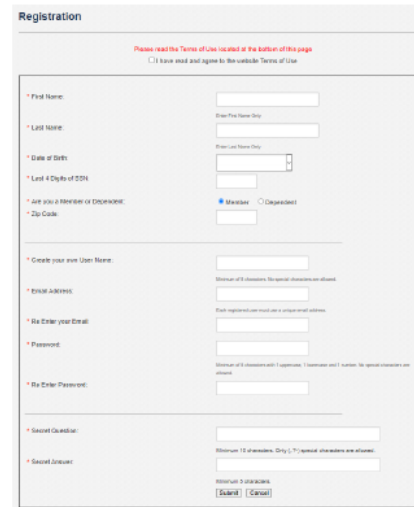
HOW TO REGISTER ON THE WEBSITE

When registering for the first time, please follow these instructions:

- 1) From your computer or mobile device, connect to the [CMRCCbenefits.org](https://www.cmrcbenefits.org) website.
- 2) Locate the Login box in the upper right-hand corner of the screen.
- 3) Click on “Create an Account” to get started.

A dark blue login box with white text. It contains fields for 'User Name' and 'Password', a 'Login' button, and two links: 'Create an Account' (highlighted with a red box) and 'Forgot Login Details?'.

- 4) The Registration Screen will display next. Please enter all information, as all fields are required. Once all information has been entered, please click “Submit” on the bottom of the screen.

A registration form titled 'Registration'. It includes fields for First Name, Last Name, Date of Birth, Last 4 Digits of SSN, and Zip Code. There are checkboxes for 'Male' and 'Female' under 'Gender'. Below these are fields for 'Create your own User Name', 'Email Address', 'Enter your Email', 'Password', and 'Confirm Password'. At the bottom, there are fields for 'Secret Question' and 'Secret Answer'. A 'Submit' button is at the bottom right.

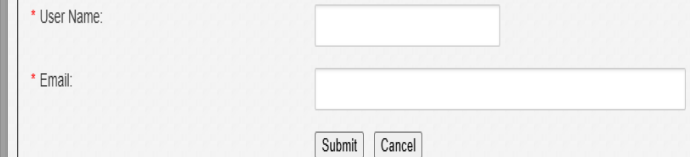
- 5) After registering you will receive an email notification with a link to confirm your registration. Your email address will also be used in the event you forget your username and password.

Profile Confirmation

Your authentication has been verified. Please login with your password. Please [Click here](#) to login.

Forgot Password or User Name

If you forgot your password

A form for password reset. It has fields for 'User Name' and 'Email'. Below the 'Email' field are 'Submit' and 'Cancel' buttons.

Or if you forgot your user name and password

A form for user name and password reset. It has fields for 'Last Name', 'Last 4 Digits of SSN or Full Alternate ID', 'Date of Birth', and 'Email'. Below the 'Email' field are 'Submit' and 'Cancel' buttons.

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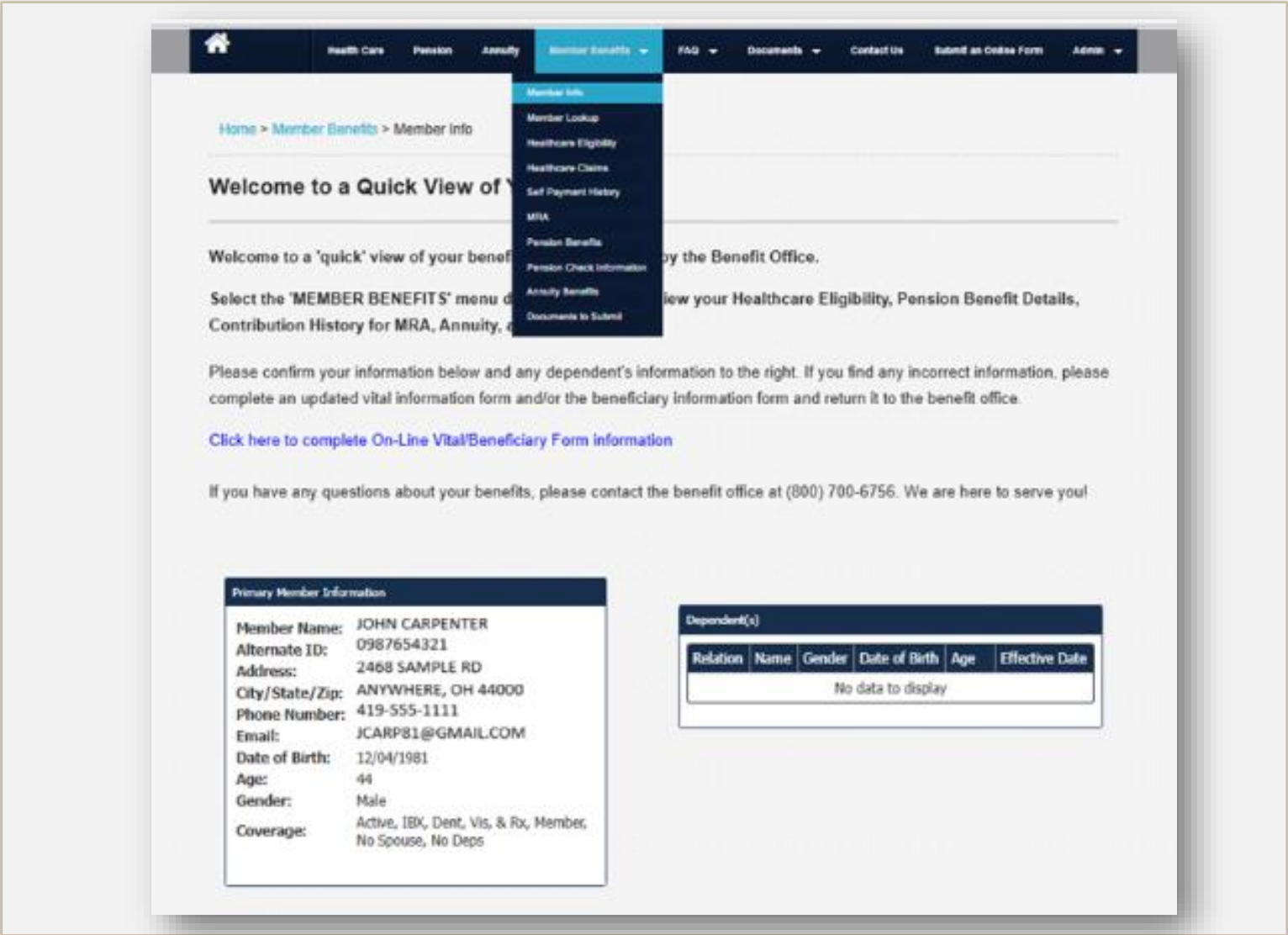
How to View Your Benefits

Use the **Member Benefits** menu to review your personal information and Benefit history.

Your Benefits Quick View

Upon login, the site will navigate to the ‘Member Information’ page for a quick view of your profile, coverage, and listed dependents. Confirm everything is correct.

This page can also be accessed at anytime by choosing the Member Benefits menu, then Member Info.



Check Healthcare Eligibility

To check you Healthcare Eligibility, choose 'Healthcare Eligibility' from the Member Benefits menu.

This page shows your eligibility history, credited hours, dollar bank, coverage amount, and any self-pay owed.

Scroll down to view the contributions received from your employer.

Home > Member Benefits > Healthcare Eligibility

Health Care Eligibility

Primary Member Information

Member Name: JOHN CARPENTER

DOB: 12/04/1981 Gender: Male

[View My Benefit Details](#) [View Dependents](#)

Member Info

Member Lookup

Healthcare Eligibility

Healthcare Claims

Self Payment History

MRA

Pension Benefits

Pension Check Information

Annuity Benefits

Documents to Submit

Your eligibility history is displayed below

- If the Credited Amount is less than the Coverage Amount, the remaining balance will be deducted from your Eligibility Dollar Bank.
- If the Credited Amount exceeds the Coverage Amount, the excess will be added to your Eligibility Dollar Bank, to a maximum of \$15,000.

If a self-payment is required to maintain coverage, you may submit your payment online at: [Pay@Source](#) - Use your Alternate ID as your invoice number.

To avoid transaction fees, use the website only - do not use the mobile app.

Your MRA Bank is separate from your Eligibility Dollar Bank - to view your current MRA balance and transactions, Log in to the [BeneSys Reimbursement Portal](#)

My Health Care Eligibility

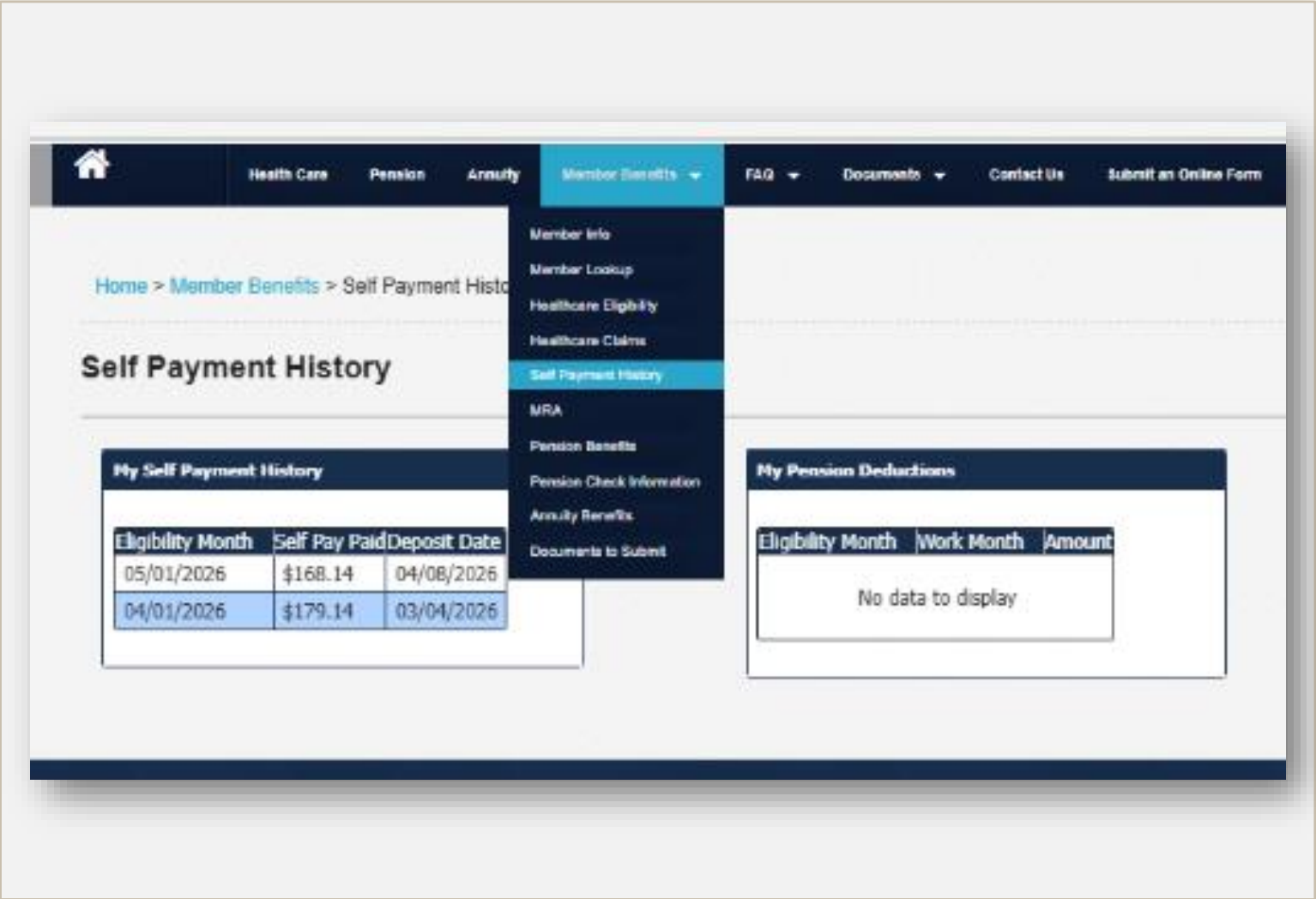
Eligibility Date	Status	Credited Hours	Credited Amount	Dollar Bank	Coverage Amount	Self-Pay Owed	Self Pay Paid
07/01/2026	Member is eligible to receive benefits by contributions, hour bank, dollar bank, etc.	136.25	\$1,073.65	\$98.40	1,250.00	\$0.00	\$0.00
06/01/2026	Eligibility for benefits pending payment from member	35.00	\$274.75	\$0.00	1,250.00	\$975.25	\$0.00
05/01/2026	Member is eligible to receive benefits by self payment	0.00	\$0.00	\$0.00	1,250.00	\$347.28	\$0.00
04/01/2026	Member is eligible to receive benefits by contributions, hour bank, dollar bank, etc.	142.00	\$1,116.92	\$902.72	1,250.00	\$0.00	\$0.00

Review Self-Payment History

To view your Self Payment History, select 'Self Payment History' from the Member Benefits menu.

Self Payment History lists every self-payment you've made, along with the amount paid and the deposit date.

For Retirees, any Health Care Pension Deductions will show on the right side.

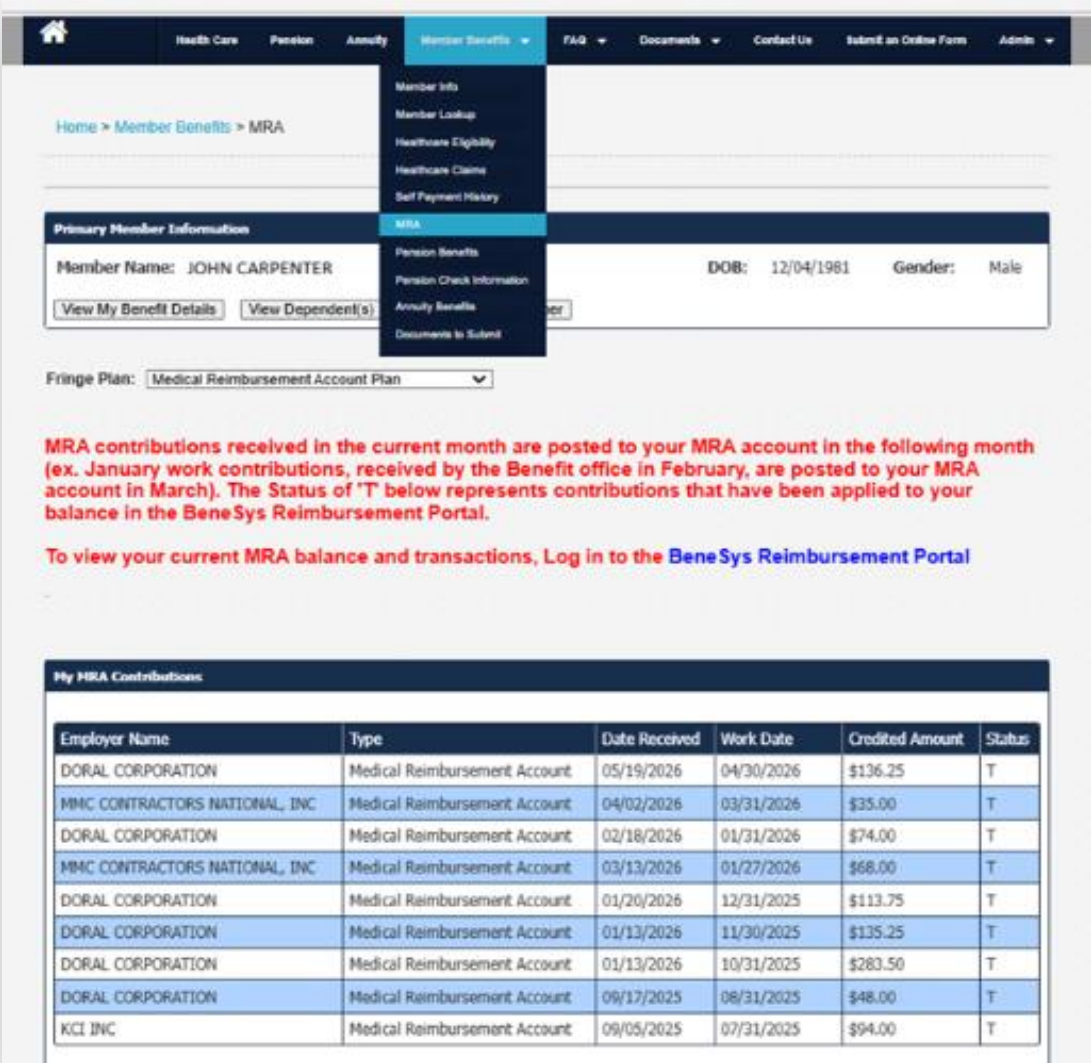


View Your MRA

To view your MRA contributions, select ‘MRA’ from the Member Benefits menu.

The MRA screen shows contributions posted to your Medical Reimbursement Account by month and by employer.

To view your MRA balance and transaction history, it’s important that you log into the separate [BeneSys Reimbursement portal](#), powered by Wex Health.



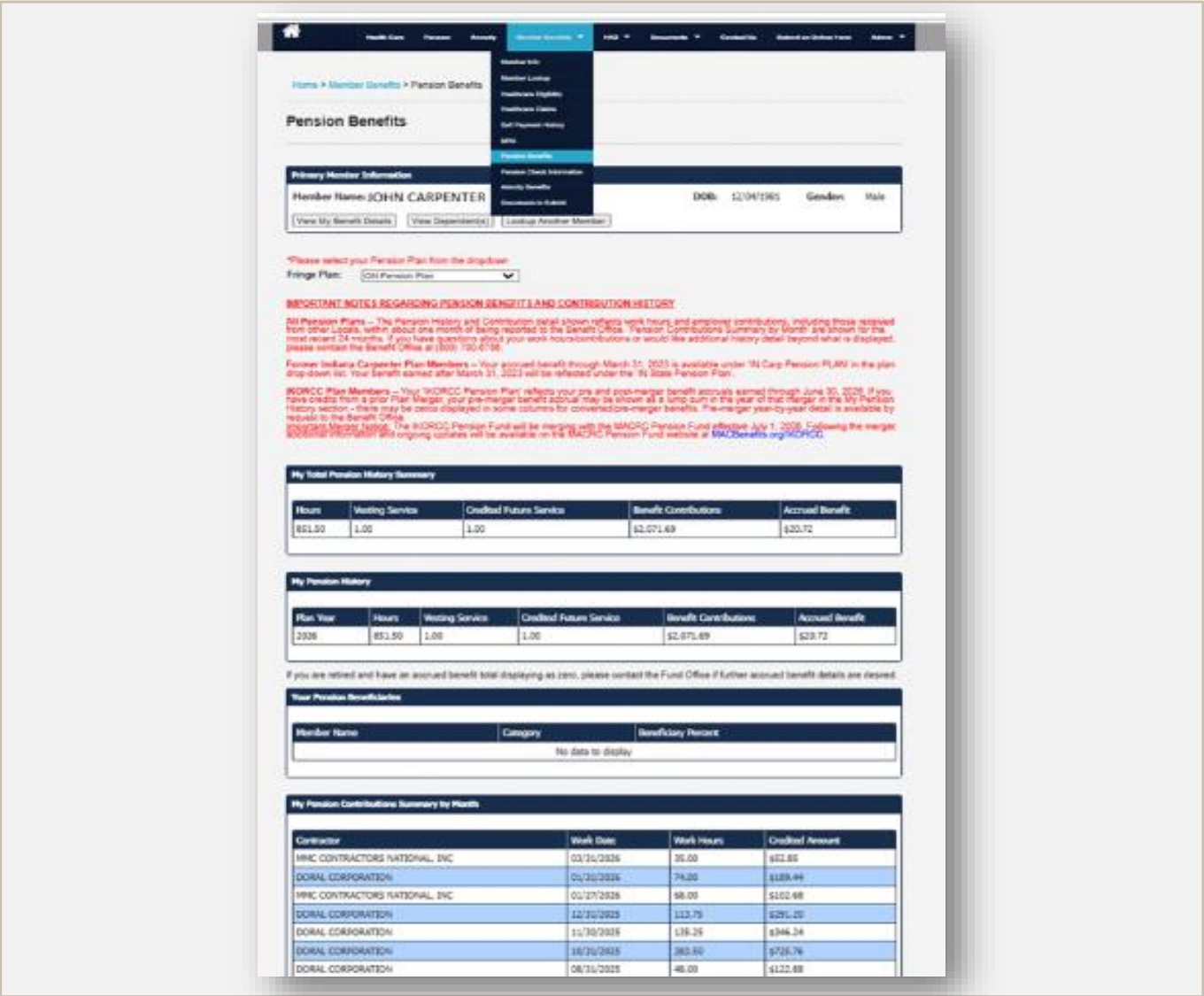
View Your Pension Benefits

To view your Pension History, choose ‘Pension Benefits’ from the Member Benefits menu.

Select your Pension Plan from the ‘Fringe Plan’ selection.

Read the important notes section. *If you are part of a plan that has merged with the MACRC Pension Fund, visit MACBenefits.org for more information.*

The Pension Benefits page summarizes your vesting, credited service, accrued benefit, and contribution history by employer.



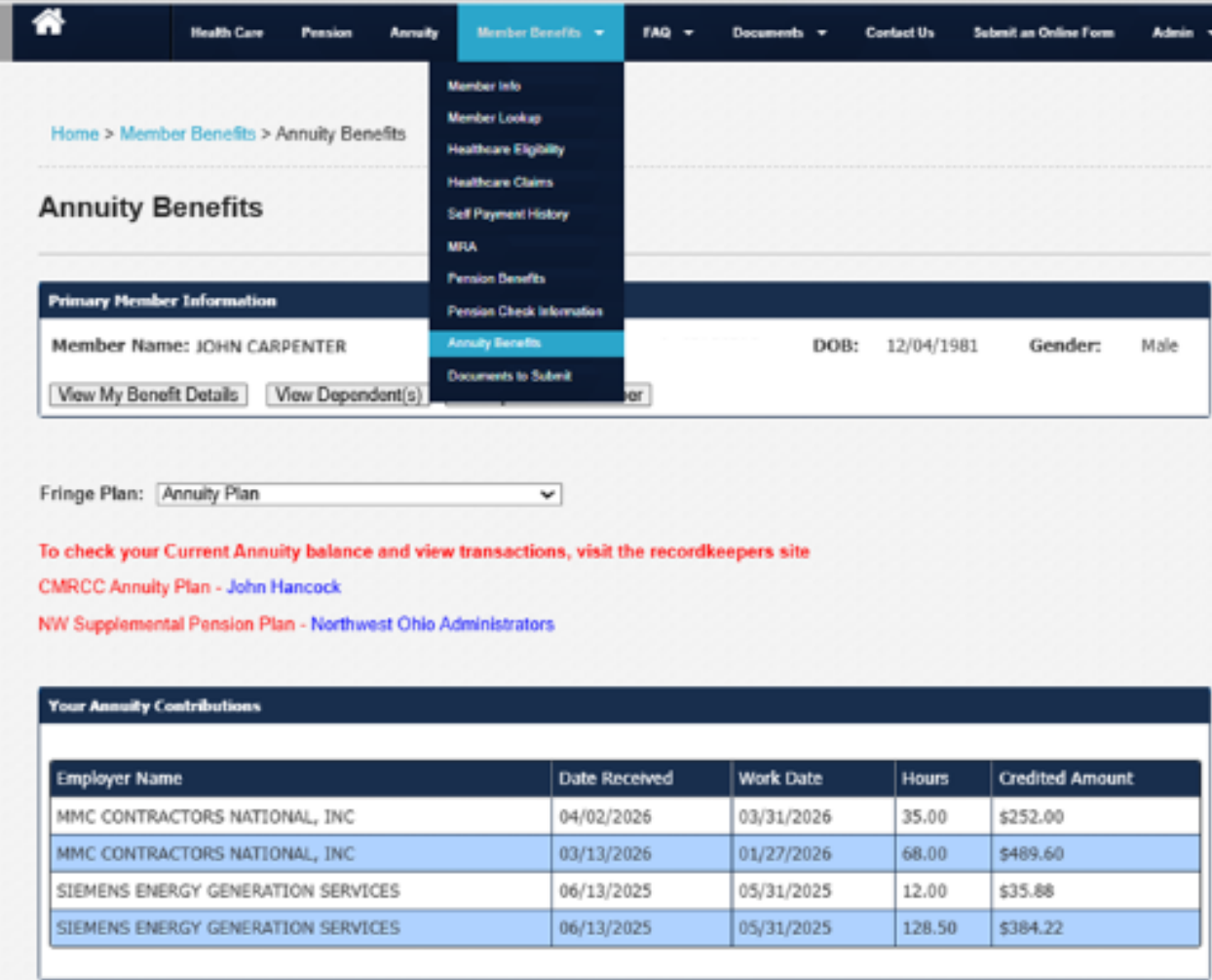
Track Your Annuity

To view your Annuity Contribution history, choose ‘Annuity Benefits’ from the Member Benefits menu.

Select your Annuity Plan from the ‘Fringe Plan selection.

The Annuity Benefits page lists your annuity contributions by employer, date received, work date, and hours.

To check your Annuity balance and transactions, create an account and/or log into the applicable Recordkeeper’s website.



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Health Care Resources

One page links every health care partner and program.

Explore Health Care Benefits

The Health Care page explains your benefits and provides direct links to every partner resource in one convenient place.

You can click on a benefit or scroll down to that section for more information.

Use the Health Care Links section to go directly to that vendor's portal.



CENTRAL MIDWEST REGIONAL COUNCIL
OF CARPENTERS' BENEFIT FUNDS



Health Care

Pension

Annually

FAQ

Documents

Contact Us

Your Health Care Benefits



Your Health Care Benefits

Find your Central Midwest Regional Council of Carpenters' Welfare Fund health care benefit resources all in one place. This page helps you access plan websites, member tools, mobile apps, claim forms, and support programs for medical, prescription, dental, vision, telehealth, and more. If you need additional help, contact the Benefit Office at (800) 700-6756.

Log-in above to view your Eligibility history and contribution detail. Once logged in, select 'Healthcare Eligibility' from the 'Member Benefits' menu above. To view your MRA contribution detail, select 'MRA' from the 'Member Benefits' menu above.

Explore Your Health Care Benefits

Click or scroll down below for information on:

- Medical Benefits - Independence Blue Cross
- Telemedicine Benefits - Teladoc
- Behavioral Health Support
- Prescription Benefits - Express Scripts
- Weight Loss Support - Omada/Express Scripts
- Dental Benefits - Delta Dental
- Vision Benefits - Vision Service Plan
- Hearing Benefits - TruHearing
- Virtual Second Opinion - Cleveland Clinic
- Cancer Support - Cancer Navigator
- Diabetic Supplies - One Source
- Medical Reimbursement Account (MRA) - BeneSys Reimbursement
- Retiree Health Care Benefits
- View recent mailings, plan documents & forms, and more helpful resource documents

Useful Health Care Links

- MRA Balance and Claims Portal
- Independence Blue Cross
- Teladoc - Primary Care
- Teladoc - Mental Health
- Teladoc - Dermatology
- Humana - Medicare Advantage
- Express Scripts
- Delta Dental
- Vision Service Plan
- TruHearing
- One Source Medical Group - Diabetes 360 Registration
- Virtual Second Opinions by Cleveland Clinic
- Cancer Navigator

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Medical, Telemedicine & Mental Health

Find your medical network through Blue Cross (IBX), Teladoc telemedicine, and mental and behavioral health support.

Pharmacy, Dental & Vision

Reach your pharmacy benefit (Express Scripts), weight-loss support, Delta Dental coverage, and VSP vision benefits.

Specialty Support

Access hearing benefits (TruHearing), Cleveland Clinic second opinions, cancer support, and diabetic supplies.

Medical Benefits

Independence Blue Cross (IBX) provides your medical network. Using in-network providers can help you get the most from your benefits. Use your member tools to find a doctor, review claims, and manage your account.

Website: www.ibx.com | Customer Service: 1-888-242-3380

Learn how to access your Independence Blue Cross account

Download the Mobile App from the App Store or Google Play:



Telemedicine Benefits

Your telemedicine benefit is provided through Teladoc. In partnership with Independence (IBX), use Teladoc to access care from your phone or computer for common medical needs, mental health support, dermatology, and more.

Explore Teladoc resources:

- Teladoc Primary Care: www.teladochealth.com/expert-care/primary-care
- Teladoc Mental Health: www.teladochealth.com/mental-health/mental-health
- Teladoc Dermatology: www.teladochealth.com/expert-care/dermatology

Download the Mobile App from the App Store or Google Play:



Mental and Behavioral Health Support

Your CMRCC Wellness Fund offers a variety of resources, support, and care options to make it easier to take care of your mental and behavioral health. Call 1-844-864-4352, and the IBX Behavioral Health Care Navigation team can directly schedule an appointment for you with a Connect to Care provider. You can also visit ibx.com/bhcare for a list of providers if you prefer to schedule with them directly.

You also have access to additional behavioral health resources, including convenient, confidential access to trusted professionals who can help you manage stress, anxiety, grief, depression, and more. For emotional distress or suicidal thoughts, call or text the Suicide & Crisis Lifeline at 888 to connect with a counselor 24/7.

Drug, alcohol, and tobacco misuse can affect families and individuals of all ages. The IBX Substance Use Disorder Care Navigation Helpline can connect you with a licensed clinician who can understand your unique needs, explain your care options, and connect you to care within 48 hours. Call the Substance Use Disorder Care Navigation Helpline 24/7 at 1-844-864-4352.

Explore Mental and Behavioral Health resources:

- Learn more about Mental/Behavioral Health and Substance Use Disorder Support
- Connect to Care Behavioral Health Providers
- In-Network Providers - OHIO
- In-Network Facilities - OHIO
- In-Network Providers - INDIANA
- In-Network Facilities - INDIANA
- Teladoc Mental Health

Pharmacy Benefits

Express Scripts provides your pharmacy benefit. Use your member tools to find a participating pharmacy, manage mail order prescriptions, and review your prescription information.

Website: www.express-scripts.com | Customer Service: 1-800-857-4518

Learn how to access your Express Scripts account

Download the Mobile App from the App Store or Google Play:



Weight Loss Support Through Omada/Express Scripts

Omada can help eligible members build healthier habits and work toward long-term weight management goals. The program includes personalized support, coaching, and health tracking at no additional cost to you. Certain medications may also be covered through Express Scripts.

To enroll in Omada, register or sign in at www.omadahealth.com to get your access code. Then sign up at omadahealth.com/ibx or download the Omada mobile app to access your personalized program.

Learn more about using your Omada and ExpressRx benefits

Download the Mobile App from the App Store or Google Play:



If you want a GLP-1 weight loss medication to be covered by your plan, ask your doctor to visit the Express Scripts prior authorization portal at www.ccmrcc.com/PA or call 1-800-417-1794 to start a review. If approval is not obtained, you may be responsible for the full cost.

See what the Enhanced GLP-1 Care Team has to offer!

Dental Benefits

Delta Dental provides your dental benefit. Using a participating Delta Dental provider can help you get the most from your coverage. Use your member tools to find a dentist, review claims, and manage your account.

Website: www.deltadental.com | Customer Service: 1-800-887-4518

Learn how to access your Delta Dental account

Download the Mobile App from the App Store or Google Play:



Vision Benefits

Vision Service Plan (VSP) provides your vision benefit. Using a participating VSP provider can help you get the most from your coverage. Use your member tools to find a provider, review claims, and manage your account.

Website: www.vsp.com | Customer Service: 1-800-377-7195

Learn how to access your VSP account

Download the Mobile App from the App Store or Google Play:



Hearing Benefits

Your hearing aid benefit is provided through TruHearing. Use your member tools to find a participating provider, review benefit information, and learn how to access services.

Website: www.truhearing.com/cmrcc | Customer Service: 1-877-853-8876

Learn more about using your TruHearing benefits

Download the Mobile App from the App Store or Google Play:



Virtual Second Opinions by Cleveland Clinic

Get a virtual second opinion from Cleveland Clinic at no cost to you. This service gives you access to expert review of a diagnosis or treatment plan from home. To learn more or get started, visit the program website or call 1-844-777-0788.

Website: my.clevelandclinic.org/online-services/virtual-second-opinion/central-ohio-ohio-carpenters | Customer Service: 1-844-777-0788

Visit their website on your mobile device:



Cancer Support

Cancer Navigator offers no-cost support for active members, early retirees, and eligible dependents on the CMRCC health plan. You can visit the website to learn more or call the dedicated Nurse Navigator at 1-317-942-0003.

Website: www.cancernavigator.com/cmrcc | Customer Service: 1-317-942-0003

Visit their website on your mobile device:



Diabetic Supplies

One Source provides a program for certain diabetic testing supplies, including monitors, test strips, lancets, alcohol prep pads, blood ketone test strips, and insulin pumps. Eligible supplies are available at no cost to you. To learn more or enroll, visit the website or call 1-877-316-2460.

Website: www.onsource.com | Customer Service: 1-877-316-2460

Visit their website on your mobile device:



MRA Account and Reimbursements

Learn how your Medical Reimbursement Account works, access your MRA account through the BeneSys Reimbursement portal or mobile app, and check your balance and transaction history.

Need to submit a claim for reimbursement? You have options:

- Submit through the portal or mobile app
- Submit a claim online
- Download a claim form

Medical Reimbursement Account (MRA)

Your Medical Reimbursement Account (MRA) is administered by the CMRCC Welfare Fund Benefit Office. Eligible funds in your account can help pay qualified out-of-pocket health care expenses such as copays, deductibles, coinsurance, and eligible self-payments. If you are eligible, you can use your Benny™ Prepaid Card for qualified expenses or submit receipts for reimbursement online, through the mobile app, or with a paper claim form. For help with your balance or claims, call the Benefit Office at (800) 700-6756.

Portal: fundoffice.lh1ondemand.com

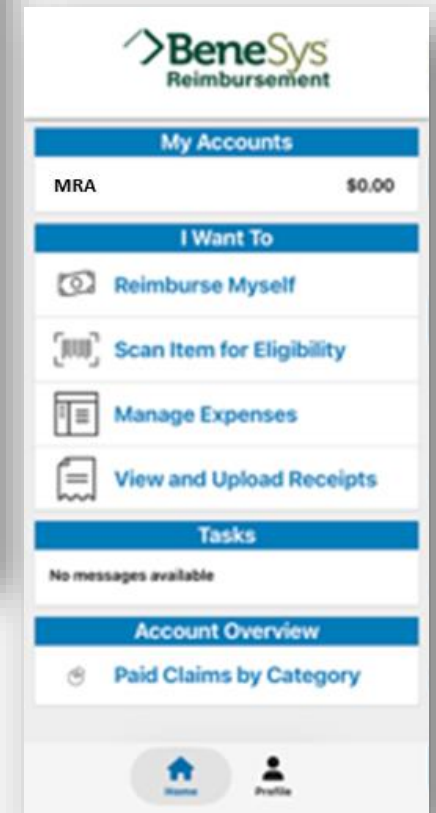
Learn more about accessing your MRA account through the Consumer Portal.

Download the Mobile App from the App Store or Google Play:



Learn more about accessing your MRA account through the mobile app.

- > [Submit an MRA claim online](#)
- > [Download the MRA claim form](#)



Retiree Health Care

Retired or preparing for retirement?
Review your retiree health coverage
options and access your account through
Retiree First/Humana

Retiree Health Care Benefits

Upon Retirement, you may be eligible to continue your health care coverage through Central Midwest Regional Council of Carpenters' Welfare Fund. Upon retirement, contact the Benefit Office at 800-700-6756 to determine if you are eligible and confirm your monthly premium payment options. Until you reach Medicare age, your Healthcare coverage and vendors will remain the same as when you were actively working.

If you are on Medicare and elect Medicare Advantage coverage through the Welfare Fund, your coverage will be managed through Retiree First, partnered with Humana. A copy of your Medicare card is required to be submitted to the Benefit Office.

Website: www.humana.com | **Retiree First Customer Service:** 833-217-5306

Download the Mobile App from the App Store or Google Play:



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Pension Resources

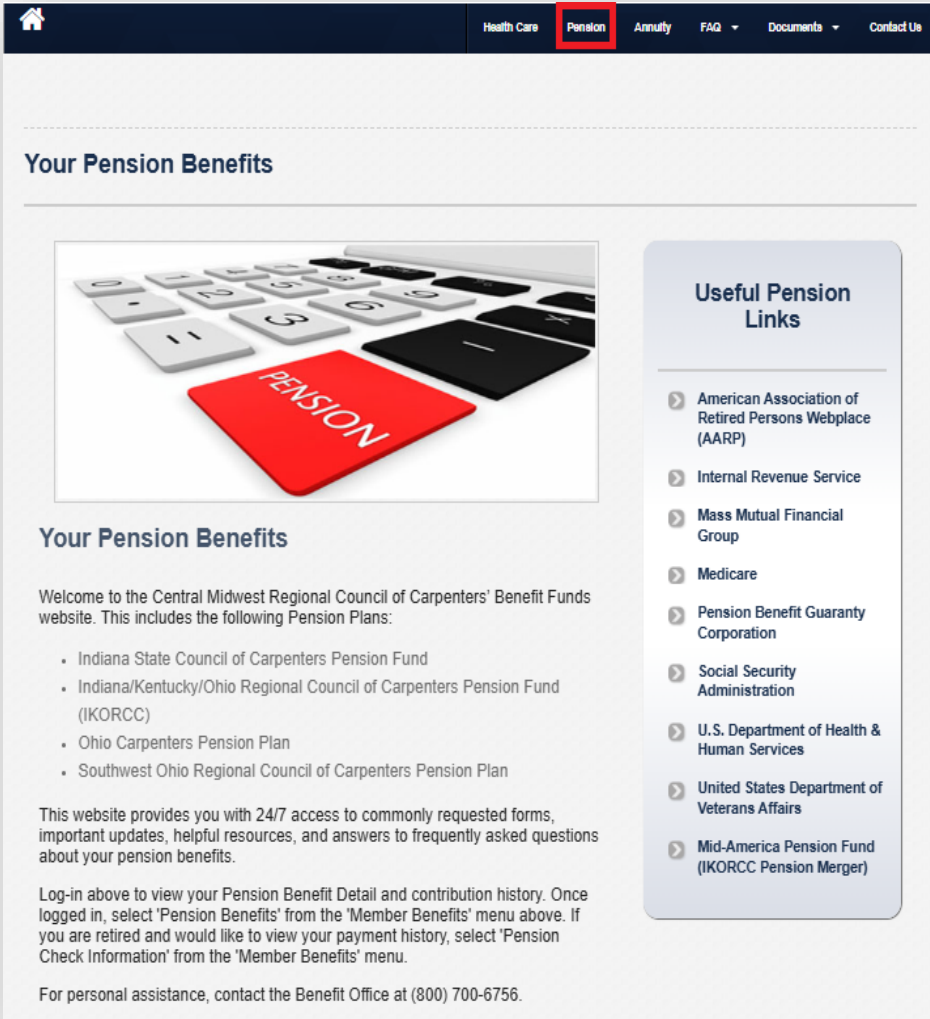
Learn about your Pension Plan and how to apply for Retirement.

About Your Pension

The Pension page welcomes you and links to trusted retirement planning resources and other Plan websites.

Understand Your Pension Plan

Read plain-language details about your plan, plan mergers, and when to apply for your pension.



The screenshot shows the 'Pension' page of the CMRCC Benefits Website. The navigation bar at the top includes links for Home, Health Care, Pension (highlighted with a red box), Annuity, FAQ, Documents, and Contact Us. The main content area is titled 'Your Pension Benefits' and features a large image of a calculator with a red button labeled 'PENSION'. Below the image, the text reads: 'Welcome to the Central Midwest Regional Council of Carpenters' Benefit Funds website. This includes the following Pension Plans:' followed by a bulleted list of five pension plans. To the right of the main content is a sidebar titled 'Useful Pension Links' containing a list of external links. On the far right, there are three informational sections: 'Understanding Your Pension Plan', 'Indiana State Council of Carpenters Pension Fund', and 'Indiana/Kentucky/Ohio Regional Council of Carpenters (IKORCC) Pension Fund', each providing details about plan administration and mergers.

Your Pension Benefits

Welcome to the Central Midwest Regional Council of Carpenters' Benefit Funds website. This includes the following Pension Plans:

- Indiana State Council of Carpenters Pension Fund
- Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund (IKORCC)
- Ohio Carpenters Pension Plan
- Southwest Ohio Regional Council of Carpenters Pension Plan

This website provides you with 24/7 access to commonly requested forms, important updates, helpful resources, and answers to frequently asked questions about your pension benefits.

Log-in above to view your Pension Benefit Detail and contribution history. Once logged in, select 'Pension Benefits' from the 'Member Benefits' menu above. If you are retired and would like to view your payment history, select 'Pension Check Information' from the 'Member Benefits' menu.

For personal assistance, contact the Benefit Office at (800) 700-6756.

Useful Pension Links

- ▶ American Association of Retired Persons Webplace (AARP)
- ▶ Internal Revenue Service
- ▶ Mass Mutual Financial Group
- ▶ Medicare
- ▶ Pension Benefit Guaranty Corporation
- ▶ Social Security Administration
- ▶ U.S. Department of Health & Human Services
- ▶ United States Department of Veterans Affairs
- ▶ Mid-America Pension Fund (IKORCC Pension Merger)

Understanding Your Pension Plan

Each Pension Plan is administered by a Board of Trustees made up of both union and employer representatives. While the plans share administrative resources, each Pension Plan has its own provisions and history.

Indiana State Council of Carpenters Pension Fund

The Indiana Carpenters Pension Plan merged into the Indiana State Council of Carpenters Pension Fund effective April 1, 2023. If you previously participated in the Indiana Carpenters Pension Plan, your benefits are now administered under the Indiana State plan.

Indiana/Kentucky/Ohio Regional Council of Carpenters (IKORCC) Pension Fund

The IKORCC Pension Fund includes benefits earned under prior merged plans, including:

- Kentucky State Pension Plan
- Lower Ohio Valley Pension Plan
- Carpenters Local 215 Pension Plan
- Northwest Indiana Pension Plan

Participants may have benefits attributable to one or more of these pre-merger plans.

*Effective July 1st, 2026: The IKORCC Pension Fund is merging with the Mid-America Carpenters Regional Council (MACRC) Pension Fund. For more information about the merger, visit the MACRC merger website

Ohio Carpenters Pension Plan & Southwest Ohio Pension Plan

These plans continue to operate as separate pension programs with their own eligibility rules and benefit structures.

Applying for Your Pension

If you are planning to retire, you should submit your Pension Application well in advance of your intended retirement date. Filing early helps prevent delays in processing and ensures timely payment of benefits.

You may request an application or receive assistance by contacting the Benefit Office.

Pension Documents & Resources

For detailed information about your benefits, please visit the [Pension Documents](#) section of the website, where you can access:

- Pension applications and other required forms
- Summary Plan Descriptions and plan documents
- Recent participant communications and mailings
- Step-by-step retirement application tutorials

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SECTION 5 OF 8

Annuity Resources

Learn about your Defined-Contribution Annuity Plan.

The Annuity page introduces your defined-contribution plan and links to the recordkeeper's sites.

Review how your annuity is invested and compare the available investment models by age.

See plan enhancements, retirement
ages, hardship rules, and payment
options side by side.

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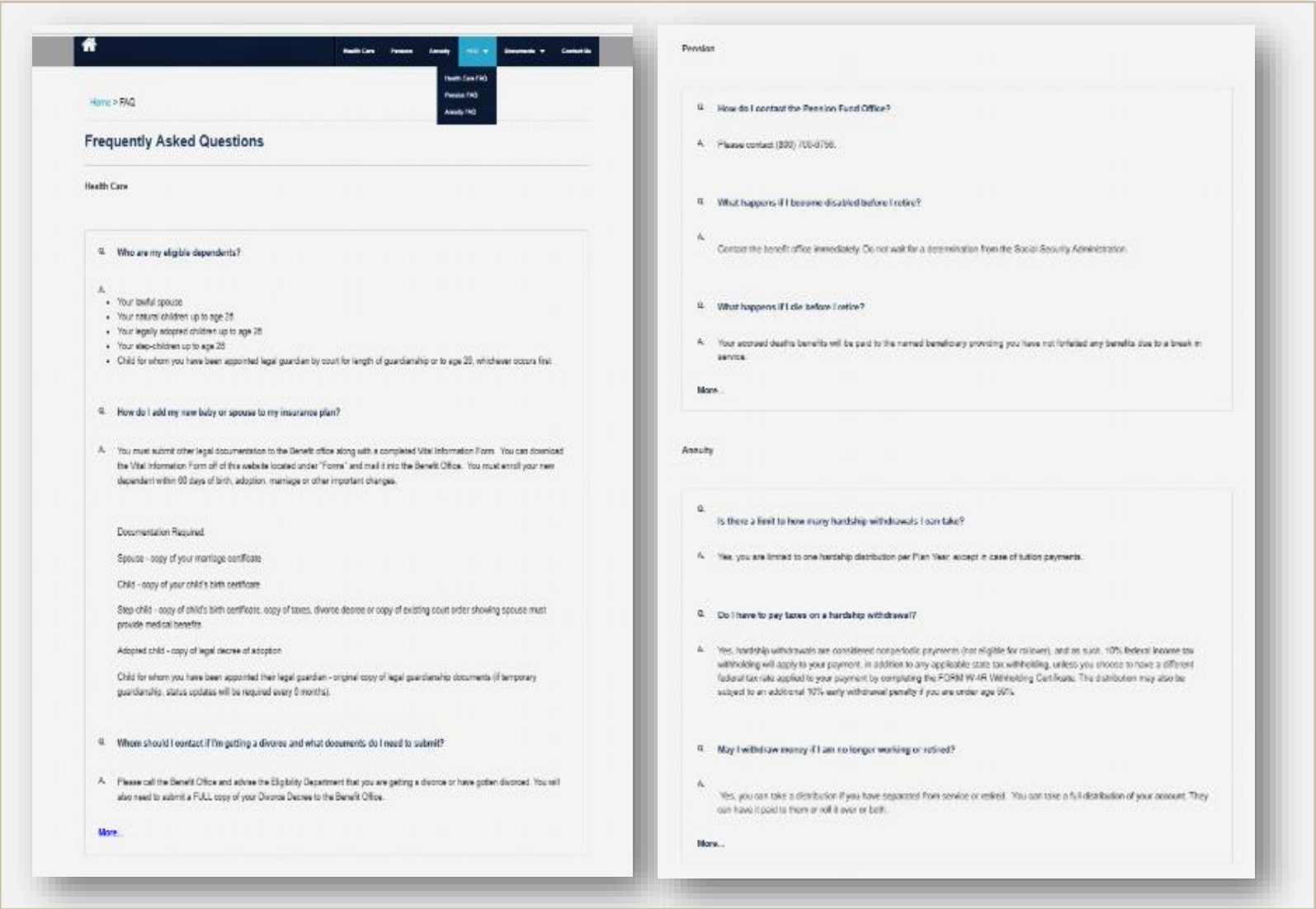
FAQ & Document Resources

Find answers and download the documents you need.

Browse Health Care, Pension, and Annuity FAQs

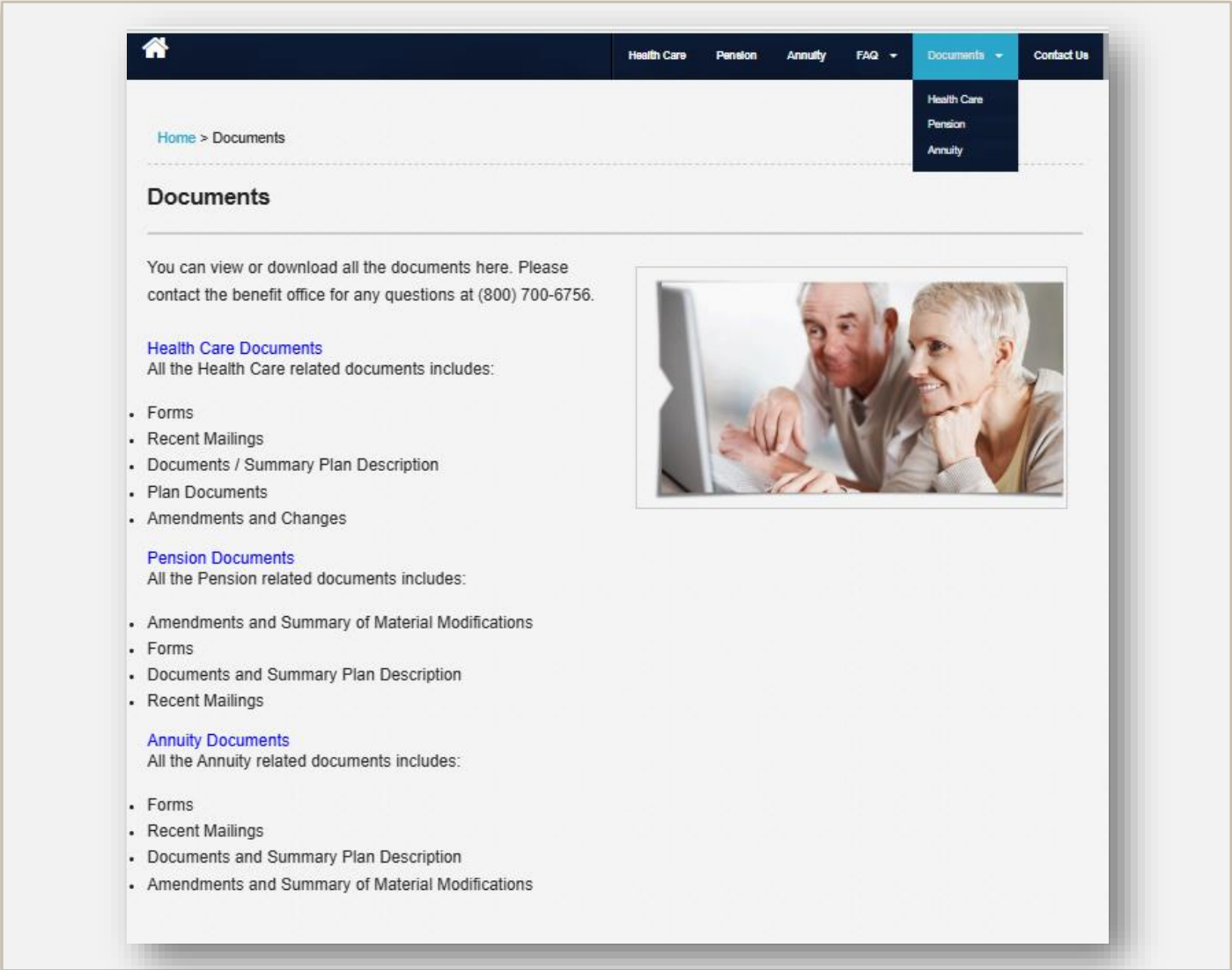
The FAQ page answers common questions. Start with Health Care topics like eligible dependents and adding a new baby.

Switch to the Pension and Annuity FAQs for help with common retirement questions, disability, and hardship withdrawals.



View Key Plan Documents, Forms, and Mailings

The Documents section lets you view or download Health Care, Pension, and Annuity materials anytime.



Health Care Documents

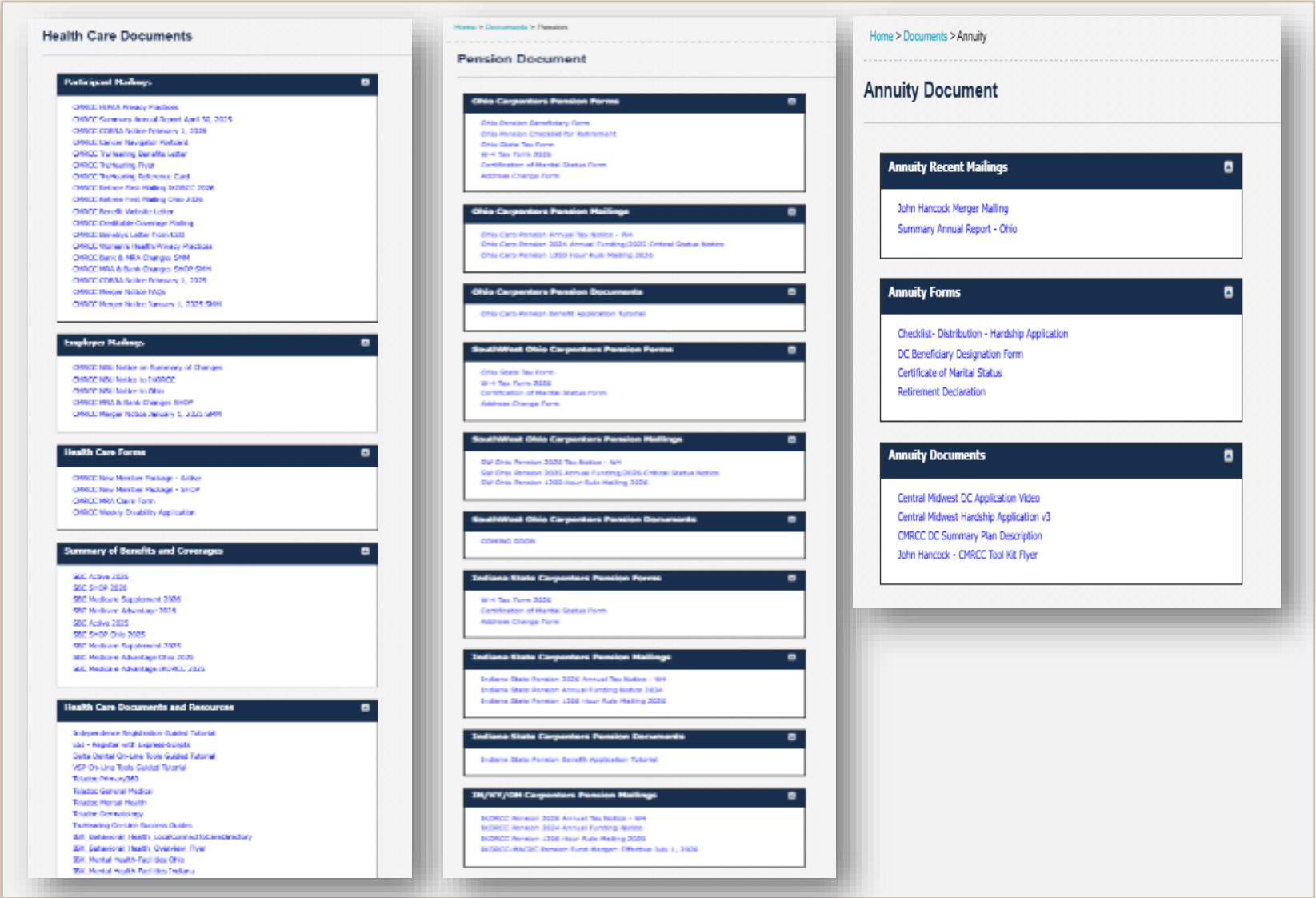
Health Care documents include participant mailings, forms, plan documents, and summaries of benefits and coverage.

Pension Documents

Pension documents are organized by fund, with forms, mailings, and plan documents for each.

Annuity Documents

Annuity documents hold recent mailings, forms, plan descriptions, and retirement planning tool-kit flyers.



Need More Help?

Use the Contact Us option to message the Benefit Office, or call (800) 700-6756, Monday–Friday, 7:30 AM–4:30 PM ET.



CENTRAL MIDWEST REGIONAL COUNCIL
OF CARPENTERS' BENEFIT FUNDS

Home > Contact Us

Health Care

Pension

Annuity

FAQ

Documents

Contact Us

Contact the Benefit Office

Your First Name:

Your Last Name:

Date of Birth:

Your Email:

Contact Phone #:

Address:

Subject:

Choose Subject

Message:

JOHS5D

Refresh Captcha

Enter the code shown above into the box.

Submit

Benefit Office Information

BeneSys is the Third Party Administrator for your benefit funds.
BeneSys is typically available to receive your phone call from AM 7:30 E.S.T. until 4:30 PM E.S.T Monday through Friday.

Contact Information:

Toll Free: (800) 700-6756
Fax: (248) 731-5606
E-mail: cmrccservice@cmrccbenefits.org

Send Member Enrollment Forms to:
enrollment@cmrccbenefits.org

Send Pension Applications to:
retire@cmrccbenefits.org

Mailing Addresses:

Central Midwest Carpenters Benefit Funds
P.O. Box 1257
Troy, MI 48099-1257

Annuity Applications:

P.O. Box 1057, Troy, MI 48099-1057

Indiana Pension Applications:

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

Ohio Pension Applications:

P.O. Box 31580, Independence, OH 44131

To reach various departments please call (800) 700-6756 and select the option that meets your needs.

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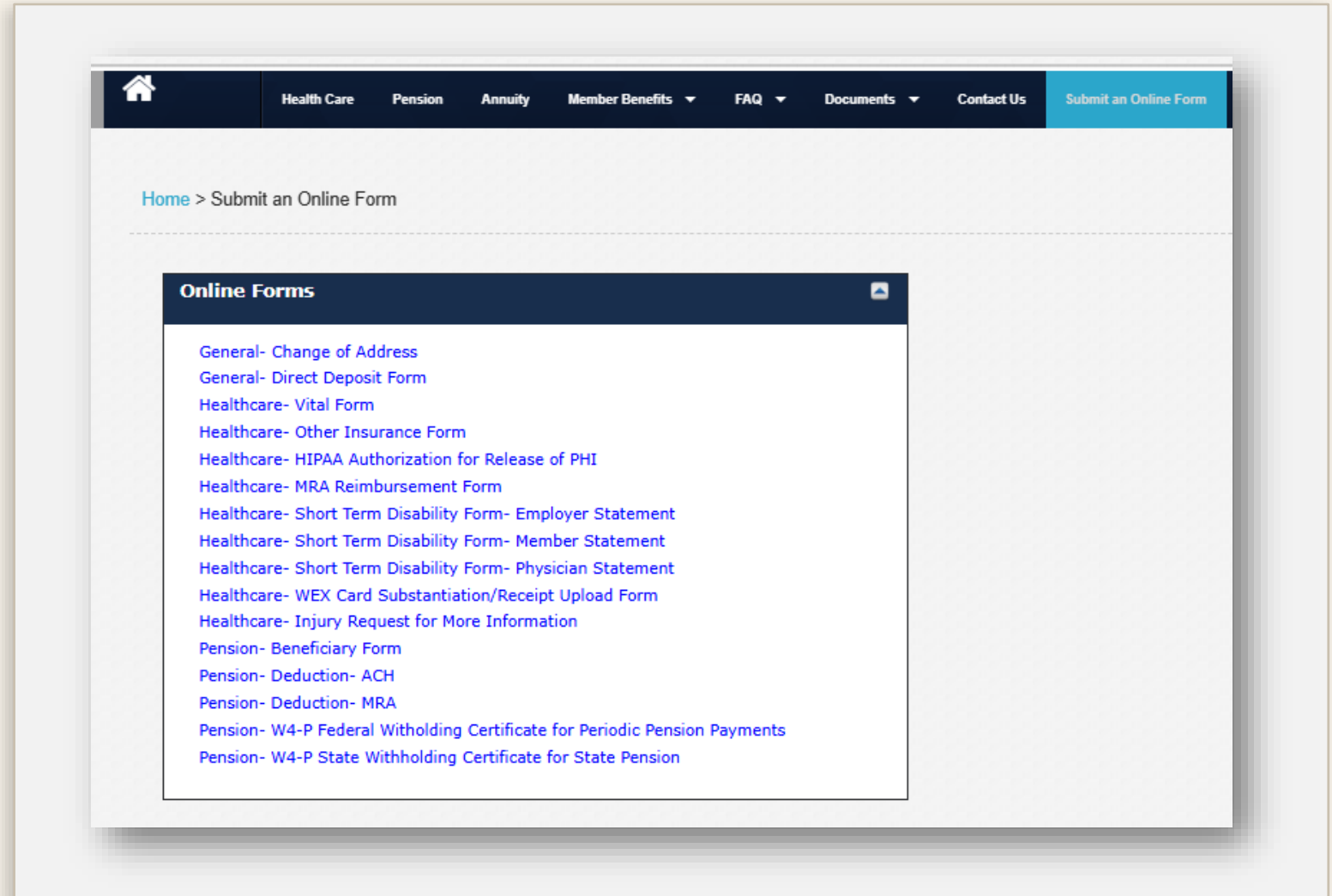
Online Form Submission

Complete and send forms without the paperwork.

Find the Online Forms

Click “Submit an Online Form” to see every form: change of address, vital, MRA, beneficiary, and more.

The following pages include examples on filling out common on-line fillable forms. For additional assistance, please call the Benefit Office.



Some forms ask for more detail, such as other insurance. Fill every required field, sign, and submit.

Address Change Form

Example: the Address Change form.

Enter your member information and previous/new address information. Fields marked with an asterisk are required.

Sign to authorize the requested changes.



CENTRAL MIDWEST REGIONAL COUNCIL OF CARPENTERS'
BENEFIT FUNDS
P.O. Box 1257
Troy, MI 48099-0969
(800) 700-6756

Address Change/Verification Form

In order to have your address changed in our files, please complete the information below and submit the form. Please allow 21-30 days for processing.

Member Information

Primary Identifier *

☐ Member SSN
☐ Member Alternate ID

Member Last Name *

Member First Name *

Middle Name

Cell Phone Number *

Home Phone Number

Email Address *

Date of Birth *

Gender *

☐ Male
☐ Female
☐ Other

Previous Address Information

Address Line 1

Address Line 2

Address Line 3

City

State

Zip Code

New Address Information

Effective Date *

06/26/2026

Address Line 1 *

Address Line 2

Address Line 3

City *

State *

Zip Code *

Member's Signature *

Click to Sign Document

Date Signed *

06/26/2026

MRA Claim Form

Example: the MRA Claim form.

Enter your member information and read the instructions and information required. Fields marked with an asterisk are required.

- Add eligible expense details on each line in the Claim Detail section.
- Attach all receipts and supporting documentation.
- Sign, date, and submit your claim.

Refer to the FAQs section for helpful information on eligible expenses.

Alternate ID: Either SSN or Alternate ID must be entered.
SSN: Either SSN or Alternate ID must be entered.

Medical Reimbursement (MRA) Claim Form FAQs

 Central Midwest Regional Council of Carpenters' Welfare Fund
P.O. Box 1257
Troy, MI 48099-1257
Phone: (800) 700-6756

Instructions

Instructions: To receive benefits from the Medical Reimbursement Account (MRA), you must complete **ONE FORM** per patient, along with the following information:
Reimbursement for:
Medical Co-Payments or Deductibles: Copy of your medical Explanation of Benefits Statement (EOB).
Dental and Vision Services: Balance due statements are not acceptable.
For active 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 services are rendered.
Prescription Payment or Co-Payment: For active, early retirees and Medicare retirees, a copy of the drug label stub or a printout from your pharmacy.
Cash register receipts are not acceptable.

PLEASE NOTE: The minimum amount that can be reimbursed must total at least \$20.00 per submission. **You MUST allow up to 30 business days for reimbursement.**

Member Information

Alternate ID * SSN * Date of Birth * Gender *
Member First Name * Member Last Name * Male Female
Address Line 1 * Address Line 2 Address Line 3
City * State * Zip Code *
Cell Phone Number * Home Phone Number Email Address *
Patient Name * Relationship to Participant *
Self Spouse Dependent Other

Type of Service Provider's Name Date of Service Amount of Claim
Type of Service Provider's Name Date of Service Amount of Claim
Type of Service Provider's Name Date of Service Amount of Claim
Type of Service Provider's Name Date of Service Amount of Claim

Total Claim Amount (Claims must total at least \$20.00)
\$20.00

Payable to
☒ Member
☐ Provider
If Payable to Provider is selected, a separate form must be submitted for each provider.

Attachments (0)
Copy of your Explanation of Benefits Statement (EOB), or Itemized Bill is Required. Balance due statements and Cash register receipts are not acceptable.
[Attach MRA Supporting Documentation](#)

Link to IRS Publication 502
By signing this form, I understand that benefits shall be paid in accordance with the Central Midwest Carpenters 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).

Signature * Date *
Click to Sign Document

[Submit](#)

Medical Reimbursement (MRA) Claim Form FAQs

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 a separate Employer Contribution. Currently, that amount is \$1.00 per hour. Per the Fund's Plan document (Plan), this amount may be changed, or eliminated, as determined by the Board of trustees in their sole discretion from time to time.

What can I use the MRA account for?
The MRA may be used for all "qualified medical expenses" under Code §213 (with the exception of over-the-counter drugs, which are not eligible for reimbursement). This will include 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, upon election, to pay a self-payment amount which may be due to continue your coverage. All expenses must be incurred on or after the date on which you became eligible for benefits. Please refer to your Summary Plan Description for more information.

Unfortunately, the Fund 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 qualified 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

Benefits reimbursable under the MRA are also subject to the terms and conditions of the Plan.

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
Dental and Vision Claims
Prescription Payments or Co-payments

Information Required:
Copy of your Explanation of Benefits Form. (EOB)
For active and early retirees, a copy of your EOB. For Medicare retirees, a complete itemized bill including date of service and explanation of service. Orthodontic services will be paid for after services are rendered.
For active and early retirees, a copy of your EOB. For Medicare retirees, a copy of the drug label stub or a printout from your pharmacy.
Cash register receipts are not acceptable.

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:

Central Midwest Regional Council of Carpenters' Welfare Fund
P.O. BOX 1257
Troy, MI 48099-1257
Email: CMRCCMRACLAIMS@benesys.com
Fax: (248) 556-2597

Is there a time limit to file for MRA Benefits?
Yes, MRA Claims must be filed 24 months from the date 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.

Pension Beneficiary Form

Example: the Pension Beneficiary form.

Select your pension fund and enter your member information. Fields marked with an asterisk are required.

Name primary and contingent beneficiaries, sign, and add the spousal consent form if you're married.

Date of Birth This field is required.

SSN This field is required. Allocation must total 100%.

CENTRAL MIDWEST REGIONAL COUNCIL OF CARPENTERS

BENEFIT FUNDS

P.O. Box 1257

Troy, MI 48069-0969

(800) 700-6756

Beneficiary Election Form Defined Contribution and Defined Benefit

☐ CMRCC Defined Contribution Pension Fund (Annuity Plan)

☐ Indiana State Carpenters Defined Benefit Pension Fund

☐ Ohio Carpenters Defined Benefit Pension Fund

☐ Southwest Ohio Carpenters Defined Benefit Pension Fund

☐ Mid-America Carpenters Regional Council Pension Fund

☐ Northwest Ohio Carpenters, Millwrights and Pile Drivers Supplemental Pension Fund

Member Information

Primary Identifier*	Member Last Name*	Member First Name*
☐ Member SSN ☐ Member Alternate ID		
Date of Birth*	Gender*	
	☐ Male ☐ Female	
Spouse SSN	Spouse Name	
Address Line 1*	Address Line 2	Address Line 3
City*	State*	Zip Code*
Cell Phone Number*	Home Phone Number	Email Address*

Please note, beneficiary for life insurance through the health and welfare fund can be updated on the Member Information Form.

Member Information Form

Please note: A separate form is required if you want to designate different beneficiaries for each Fund.

Below please indicate the person(s) you wish to name as beneficiary(ies) of any death benefits through the above listed Pension Fund.

Note: If you are legally married at the time of your death, Federal law and the Pension Plan require that the benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else. To make that type of change, the Pension Plan will require a notarized statement from your spouse - see bottom of form for notarized consent by your spouse.

Primary Beneficiary Designation Add

Name*	SSN*	Date of Birth*	Gender*	Relationship*	Address*	%*
			☐ Male ☐ Female	☐ Spouse ☐ Dependent ☐ Other		
Remove						

Total Allocation

In the event your Primary Beneficiary pre-deceases you, the below listed Contingent Beneficiary(ies) will be paid based on the percentages you indicate.

Contingent Beneficiary Designation Add

Name	SSN	Date of Birth	Gender	Relationship	Address	%
			☐ Male ☐ Female	☐ Spouse ☐ Dependent ☐ Other		
Remove						
Name	SSN	Date of Birth	Gender	Relationship	Address	%
			☐ Male ☐ Female	☐ Spouse ☐ Dependent ☐ Other		
Remove						

Total Allocation

I understand that this beneficiary designation cancels any previous designation I may have made and will be effective when received in the Fund office and only if received prior to my death. Further, I understand that this designation shall be canceled if my current marriage ends and I remarry, which would make my legal spouse at the time of my death my new primary beneficiary.

Member's Signature*

Click to Sign Document

Date Signed*

06/18/2026

Spouse Section

Note: If you are legally married at the time of your death, Federal law and the Pension Plan require that the benefits be paid to your surviving spouse, unless your spouse consents to the payment of the benefit to someone else. To make that type of change, the Pension Plan will require a notarized statement from your spouse.

Download the Spousal Consent from your Participant Member site for your employer to complete. When completed, attached to this form:

Attachments (0)

Attach Spouse Consent Form

Health Care ACH Deduction Form

Example: the Healthcare premium auto-deduction authorization form.

Enter your member information and Bank Account details. Fields marked with an asterisk are required.

You are required to attach a copy of a voided check or acceptance letter from your Financial Institution as well as a copy of your valid Driver's License or State ID

Sign to authorize the requested changes.

CENTRAL MIDWEST REGIONAL COUNCIL OF CARPENTERS' BENEFIT FUNDS P.O. Box 1257 Troy, MI 48099-0969 (800) 700-6756		
Bank Account Retiree or Surviving Spouse Self Payment Auto Deduction Agreement		
Participant Information		
Primary Identifier* ☐ Member SSN ☐ Member Alternate ID	Last Name* 	First Name*
Date of Birth* 	Gender* ☐ Male ☐ Female ☐ Other	
Address Line 1* 	Address Line 2* 	Address Line 3*
City* 	State* 	Zip Code*
Cell Phone Number* 	Home Phone Number* 	Email Address*
Bank Information – US Banks ONLY		
<i>Bank Account Information – Attach a voided check from your account and complete the information below.</i>		
Account Type* ☐ Checking Account ☐ Savings Account	Bank Routing Number* 	Bank Account Number*
Bank Name* 	Bank Address* 	Bank Phone*
Attachment (0)		
Attach Copy of VOIDED Check or Acceptance Letter from Financial Institution* Attach		
Attach Driver's License/State ID* Attach		
Signature		
I, the undersigned, hereby authorize the benefit fund identified on this form to deduct all amounts required under the Fund to continue my healthcare coverage from my bank account at the Financial Institution named above. I understand that the required payment will be deducted from the account indicated above on or around the 25th of each month for that month's eligibility. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Fund.		
Signature of Participant* 		Dated*
Click to Sign Document		
Submit		

08

SECTION 8 OF 8

Mobile Application

Download and navigate using the Benefits mobile application

Download the Mobile App

Download the CMRCC Benefits mobile application from the App Store or Google Play:



To register your account, select ‘Create Account’ and follow new account registration instructions.

If you already have an established account, enter your Username and Password to log-in.

9:33

86

IMPORTANT NOTE: ALL MEMBERS must register a new account within the CMRCC app to gain or re-gain access. This means that members who previously had an account set up within the app MUST re-register to gain access again. Thank you.



CMRCC Benefits

Username

Password

Sign in

Create account

[Forgot your username or password?](#)

Create your Account and Log-in

Create a new account the first time you use the mobile app following the 'Create Account' steps

1. Accept the Mobile App License Agreement
2. Enter your member information
3. Create your username and password
4. Set-up your security questions
5. Confirm your information is correct and press finish

Once your account is created, log-in using your username and password.

The collage displays the following screens from the mobile app:

- License Agreement:** A screen with a title bar, a paragraph of text, and a list of supported carriers. It includes an 'Accept' checkbox and 'Next'/'Cancel' buttons.
- Create Login Information:** A screen with fields for Username, Email Address, Confirm Email Address, Password, and Confirm Password. It includes instructions for each field and a 'Next' button.
- Security Question 1, 2, 3:** A screen with three dropdown menus for selecting security questions. It includes 'Cancel', 'Previous', and 'Next' buttons.
- Member Information:** A screen with fields for Name, Address, City, State, and Zip. It includes a 'Finish' button.
- Account Information:** A screen with fields for Username and E-mail Address. It includes 'Cancel', 'Previous', and 'Finish' buttons.

Forgot your Username or Password?

If you forgot your username and/or password, select that option on the mobile app login page and follow next steps.

Enter your member information in Step 1

- *Member ID references your BeneSys member ID*
- *Select the 'I'm not a robot' box and press NEXT*

Your Username will be provided in Step 2

- *Complete the two security questions from your initial account registration and press NEXT*

In Step 3, you will be prompted to create your new password

- *Enter your new password and confirm and/or update your email address*
- *Select 'Reset and Log In' to be redirected to the App log-in screen*

The image displays three sequential mobile app screens for a forgot username/password reset process. Each screen has a dark green header with a back arrow and the title 'Forgot'.

- Step 1: Forgot Username or Password?** The screen shows progress indicators for Step 1, Step 2, and Step 3. It prompts the user to 'Enter the following information in order to retrieve your username and password'. Fields include 'Member ID*', 'SSN*', 'Date of Birth*', and 'Zip*'. There is a checkbox for 'I'm not a robot' and a reCAPTCHA logo. At the bottom are 'Next' and 'Cancel' buttons.
- Step 2: Your username is: AppDemo** The screen shows the retrieved username 'AppDemo'. It includes a link 'Login now' with the text 'if you remember your password.' Below this, it asks the user to 'Forgot your password? Please answer your security questions below.' and provides instructions: 'If you forgot your password then you can reset it now by answering the security questions below.' Two security questions are listed: 'What is the first name of your oldest nephew?*' and 'What is the name of the first company you worked for?*', each with a text input field. At the bottom are 'Next' and 'Cancel' buttons.
- Step 3: Reset Your Password** The screen shows progress indicators for Step 1, Step 2, and Step 3. It prompts the user to 'Please fill out all of the information on this form to validate your account.' Fields include 'New Password', 'Re-enter New Password', and 'Email Address'. A message states: 'We have the following email address on file. Please update it now if it has changed.' Below the email field is a 'Confirm Email' field. At the bottom are 'Reset and Log In' and 'Cancel' buttons. A 'Home' link is visible at the very bottom right.

Mobile App Home Screen and Menu Navigation

From the Home screen of the mobile app you can navigate to check your Health Care Eligibility and Coverage information, view your Dental/Vision/Hearing ID Card, access key provider links, view your Pension Benefit Details, check your work history, contact the Benefit Office, and more!

Click on your desired option from the home screen or from the menu to see more information on that topic.

For additional information, visit the full participant website, also accessible through your mobile device:
www.CMRCCBenefits.org



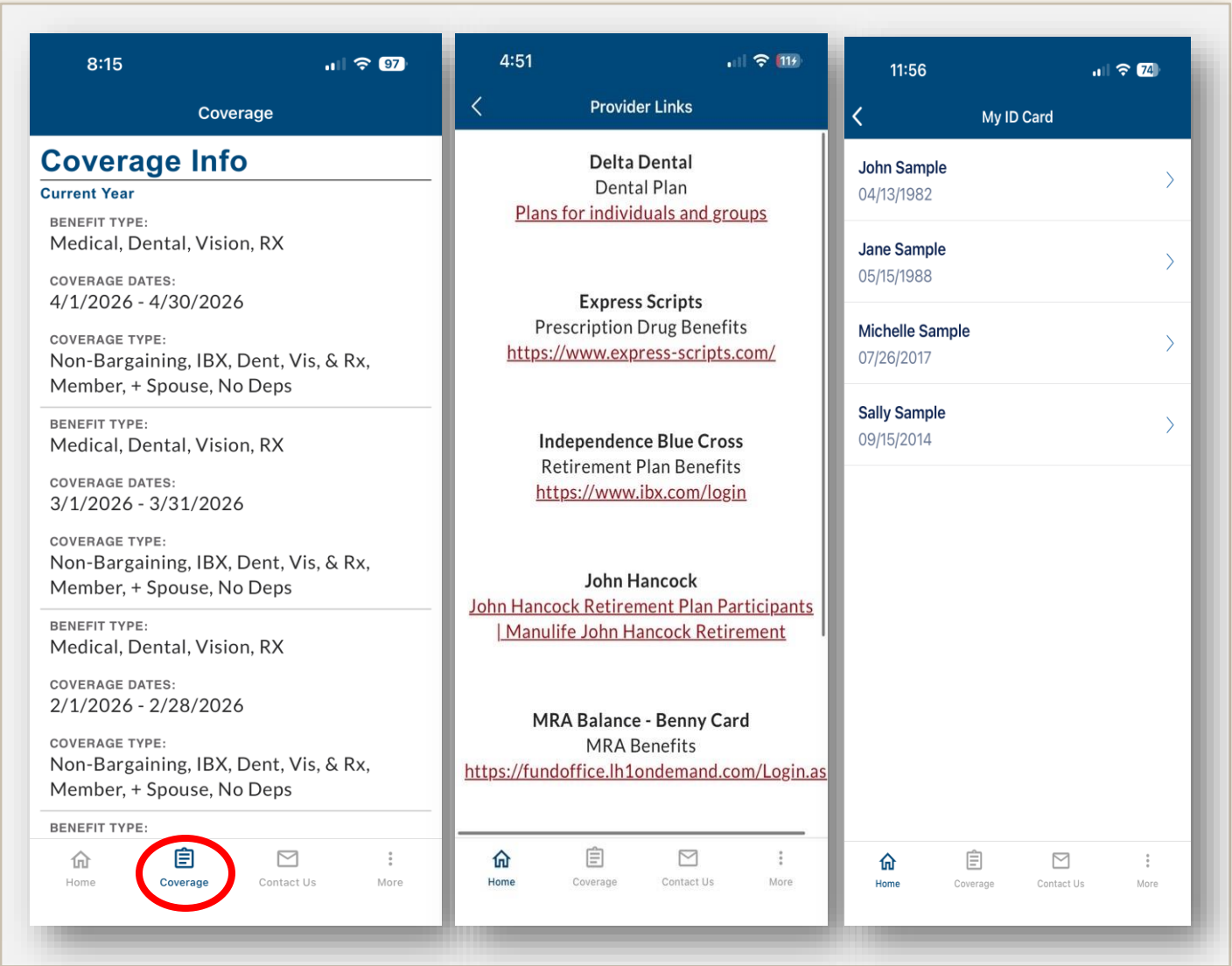
View your Health Care Coverage, ID Card, and Provider Links

When selecting the ‘Coverage’ menu option, you will see your Benefit Type, Coverage Dates, and Coverage Type, by month.

Select the ‘Provider Links’ to navigate to CMRCC partnered vendor websites.

Select ‘ID Cards’ from the main menu to view your Dental/Vision/Hearing ID Card. *Medical and Rx Mobile ID cards are available separately through the IBX and Express Scripts vendor apps.*

For additional information, visit the full participant website, also accessible through your mobile device: www.CMRCCBenefits.org



View your Benefit Account Detail

When selecting the ‘Benefit Accounts’ menu option, you will be able to access your Pension Benefit Detail as well as Pension Check information (if you are retired) by selecting the Account Name listed.

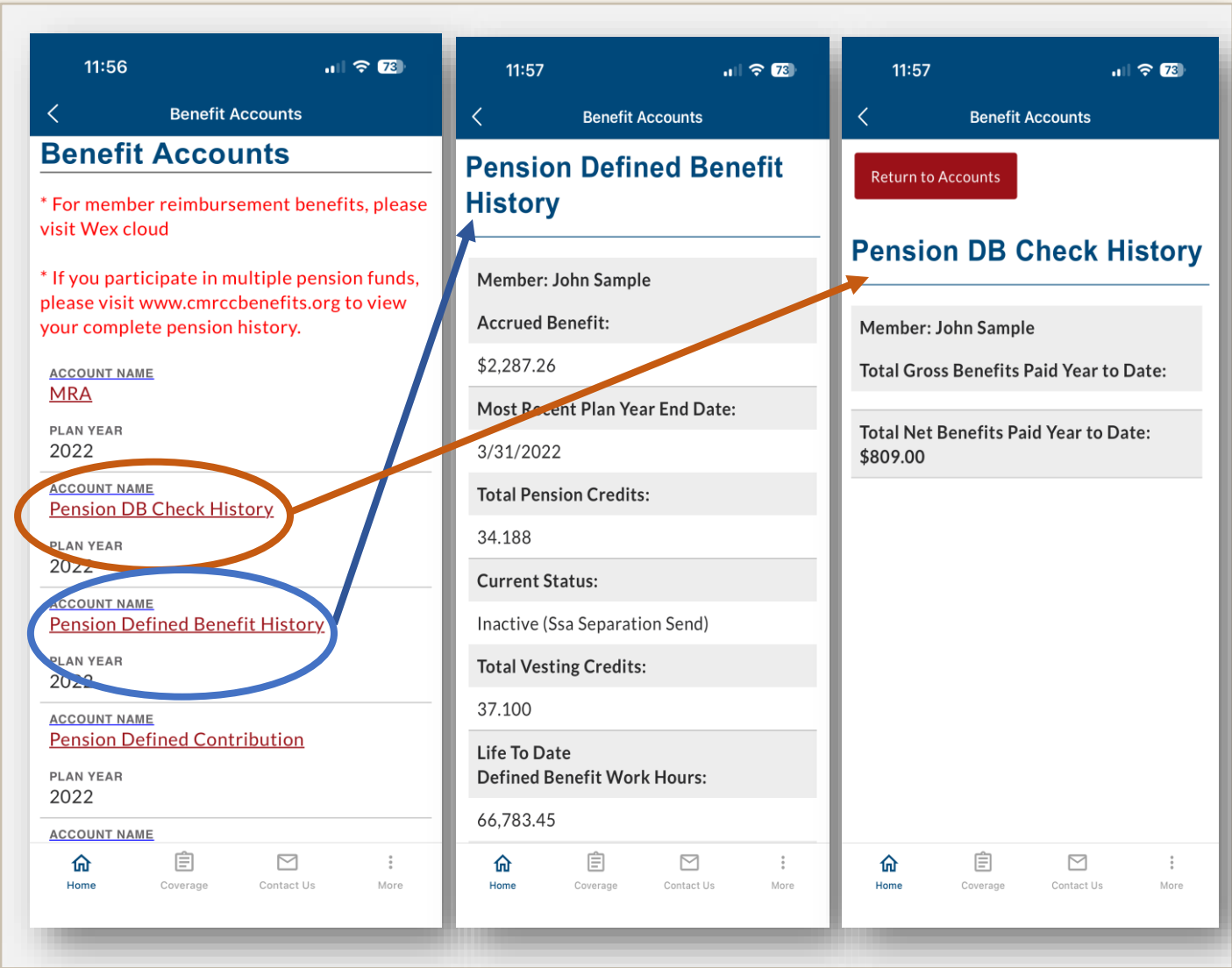
To view your MRA Account balance and transactions, download the BeneSys Reimbursement App or visit the [MRA/WEX Member Portal](#).



To view your Annuity Account balance, download the John Hancock App or visit the [John Hancock Website](#).



For additional information, visit the full participant website, also accessible through your mobile device: [www.CMRCCBenefits.org](#)

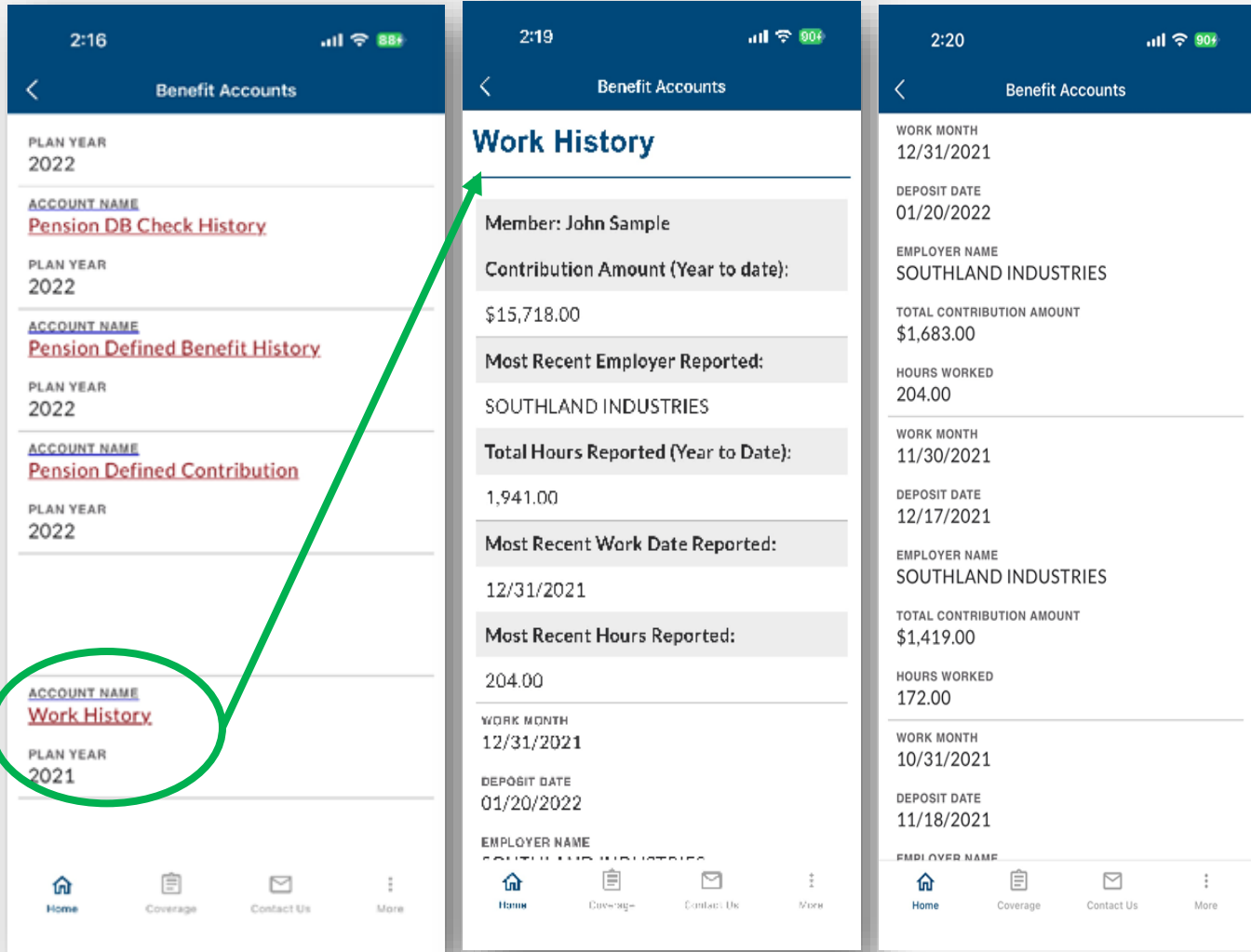


View your Benefit Account Detail

When selecting the ‘Benefit Accounts’ menu option, you will also have access to view your Work History.

Select the ‘Work History’ account name to view monthly contributions received from your Employer, including year to date hour totals. Scroll down to view all contribution records for that year.

For additional information, visit the full participant website, also accessible through your mobile device:
www.CMRCCBenefits.org



We're Here to Help

Reach Us

Call the Benefit Office

(800) 700-6756

Office Hours

Monday – Friday, 7:30 AM – 4:30 PM ET

Visit Online

www.CMRCCBenefits.org

Email Us

cmrccserviceteam@cmrccbenefits.org

Message Us

Use the Contact Us page to reach the Benefit Office

Mailing Addresses

Welfare: P.O. Box 1257, Troy, MI 48099-1257

Annuity: P.O. Box 1057, Troy, MI 48099-1057

Indiana Pension: P.O. Box 969, Troy, MI 48099-0969

Ohio Pension: P.O. Box 31580, Independence, OH 44131

Visit Us In Person

Walk-In Office Hours

Monday – Friday, 8:00 AM – 4:00 PM ET

Greenwood, Indiana

771 Greenwood Springs Drive

Greenwood, IN 46143

Cleveland, Ohio

2554 East 22nd Street

Cleveland, OH 44115

Benefits administered by BeneSys, Third Party Administrator