Central Midwest Regional Council of Carpenters' Welfare Fund
P.O. BOX 1257
TROY, MICHIGAN 48099-1257
Phone: (800) 700-6756
Email: CMRCCMRACLAIMS@benesys.com
Fax: (248) 556-2597

Medical Reimbursement Account (MRA) Claim Form

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

Reimbursement for:	**Information Required:**
Medical Co-payments	Copy of your Explanation of Benefits Form (EOB). **Balance due statements are not acceptable.**
Dental and Vision Services	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 services are rendered.**
Prescription Payment or Co-Payment	For actives, 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's SS#

Member's Name: _____ or Alternate ID: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service (Medical, Dental, Vision, Prescription)	**Provider Name**	**Date of Service**	**Amount of Claim** (Claims must total at least $20.00)
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

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

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).

Member's Signature: _____ Date: _____

(OVER)

What is the MRA Account?

The Medical Reimbursement Account (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:	**Information Required**
Medical Co-payments	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. **Orthodontic services will be paid for after services are rendered.**
Prescription Payments or Co-payments	For actives 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.