

Plumbers and Pipefitters Local 219

Health and Welfare Fund

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

Telephone: (330) 779-8859

Toll Free: 1-800-435-2388

Email: flexclaims@benesys.com

Fax: (248) 556-2597

AUTHORIZATION FOR DISBURSEMENT FROM MRA ACCOUNT

Instructions: Check off the type of reimbursement you are requesting. Please complete **ONE FORM** per claim/per individual, along with the following information:

Reimbursement for:

Medical Co-Payments

Dental /Vision Co-Payments

Prescription Co-Payments

Self-Payment

Information Required – please attach:

Copy of your EOB (Explanation of Benefits Form)

Balance due statements are not acceptable.

Copy of Itemized bill

Note: Orthodontics will be paid for after services are rendered.

Copy of Itemized bill

Copy of the drug label stub or a printout from your pharmacy.

Cash Register receipts are not acceptable.

A copy of the Self-Payment Notice **must be attached**; your self-payment will be remitted directly to your health fund.

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/Dental/Vision/Rx	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 219 MRA

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

FAX: 1-248-556-2597 or EMAIL: flexclaims@benesys.com

Form Revised
7/2019

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:

Information Required

Medical Reimbursement

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.)

Dental/Vision Claims

Attach a copy of the itemized billing. This billing must include the date of service, procedure code for services performed as well as the patient's name. **Orthodontic services will be paid once services are rendered.**

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.Plumbers219Benefits.org**

Click on Documents, select Health Care – Health Care Documents, select Medical Reimbursement (MRA) Form. You may also contact the Fund office at (330) 779-8859 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 219 Health & Welfare Fund P.O. Box 1129 Troy, MI 48099-1129	<u>By FAX:</u> Fax: (248) 556-2597	<u>By EMAIL:</u> 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.

NOTE: Dental/Vision claims must be filed within one-year from the date of service.

What information should I keep?

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