

Claim Form

Read instructions and helpful information on reverse. Use a separate form for each patient (covered individual).
Fillable version at hraveba.org.



SUBMIT COMPLETED FORM TO:

myclaims@meritain.com | Fax: (763) 582-3470

HRA VEBA Third-party Administrator, Meritain Health, PO Box 27810, Minneapolis, MN 55427-0810

1 PARTICIPANT ACCOUNT AND CONTACT INFORMATION

<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER or SSN	DATE OF BIRTH MM / DD / YYYY
<input type="text"/>	
LAST NAME	
<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.

ARE YOU SEPARATED OR RETIRED FROM THE EMPLOYER THAT MADE/IS MAKING CONTRIBUTIONS TO THIS ACCOUNT? YES NO

Separation or Retirement Date:

MM DD YYYY

EMPLOYER NAME

CHECK HERE IF YOUR PHONE NUMBER, EMAIL, OR MAILING ADDRESS HAS CHANGED. PLEASE PROVIDE UPDATES BELOW: (Handwritten signature required in section 2)

<input type="text"/>	<input type="text"/>
AREA CODE and PHONE NUMBER	EMAIL ADDRESS
<input type="text"/>	
MAILING ADDRESS	CITY STATE ZIP

E-COMMUNICATION:
Please check the box and enter your email address in the update box at the left to receive statements, newsletters, EOBs, and notices by email.
Read details on reverse.

2 REQUIRED PARTICIPANT SIGNATURE AND CERTIFICATION

I hereby certify that (1) the information provided in this claim request is true and correct; (2) the amount of this submitted claim to the Third-party Administrator is an accurate statement of my (a) unreimbursed medical/dental/vision expenses after payment by insurance (if any) and/or (b) medical/dental/vision/tax-qualified long-term care insurance premiums; and (3) the submitted claim is not reimbursable from any other source. With respect to claims submitted on behalf of qualified dependents, I hereby certify that such person meets the Plan requirements as summarized on the reverse and is a qualified dependent as defined under the terms of the Plan. With respect to claims for qualified insurance premiums, I hereby certify that such premiums have not been paid by an employer and are not eligible for pre-tax deduction through my employer's section 125 cafeteria plan.

Your signature is required. E-signatures are acceptable for claims only; contact information changes require a handwritten signature.

<input type="text"/>	<input type="text"/>	<input type="text"/>
PARTICIPANT SIGNATURE	DATE MM / DD / YYYY	PHONE NUMBER WHERE I CAN BE REACHED

3 PATIENT INFORMATION (COVERED INDIVIDUAL)

THIS CLAIM IS FOR: Myself Qualifying Child
(choose one) Spouse Qualifying Relative
 Other: _____

<input type="text"/>	
LAST NAME	
<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>
DATE OF BIRTH MM / DD / YYYY	SOCIAL SECURITY NUMBER

THIS INFORMATION IS REQUIRED BY FEDERAL LAW:

IS THIS PERSON CURRENTLY, OR HAVE THEY EVER BEEN, ENROLLED IN MEDICARE PART A OR PART B? YES NO

<input type="text"/>		
NAME EXACTLY AS IT APPEARS ON SOCIAL SECURITY CARD or MEDICARE CARD		
<input type="text"/>	<input type="text"/>	<input type="text"/>
MEDICARE ID NUMBER (HICN)	PART A EFFECTIVE DATE	PART B EFFECTIVE DATE

4 REIMBURSEMENT REQUEST FOR QUALIFIED OUT-OF-POCKET EXPENSES

REMINDER: You must include proof of each expense (e.g. Explanation of Benefits (EOB), detailed receipts, etc.). Claims for employee paid premiums deducted after-tax require a letter from the employer confirming that no pre-tax option exists.

	DATE OF SERVICE	SERVICE PROVIDER or ITEM PURCHASED FROM	TYPE OF SERVICE or ITEM (Office visit, Rx, Dental, etc.)	AMOUNT YOU PAID
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
HAVE MORE EXPENSES? Include an itemized list on a separate sheet of paper.				Total Reimbursement Request \$ <input type="text"/>

Please add up your expenses to verify the total.

QUESTIONS? Call 1-888-659-8828, email myHRAVEBA@meritain.com, or go to hraveba.org.

Want to know more? First time submitting a claim?

GET YOUR MONEY BACK FAST

Following the tips and instructions below will help you submit “clean” claims for faster processing. For more detailed guidelines, read **How to File a Claim** included with this Claim Form or available online at hraveba.org. Standard processing time is **seven business days** from the date received. If you’re not signed up for direct deposit, remember to allow additional time to receive your paper checks in the mail. Email (recommended), fax, or mail your completed Claim Form and proof of expense(s) to Meritain Health as indicated at the top of the Claim Form.

FULLY COMPLETE EACH SECTION OF THE CLAIM FORM

Missing information, particularly in section 3, will likely result in denied claims. Federal law requires the third-party administrator to have on file the full name, Social Security number, gender, and date of birth of all covered individuals.

SUBMIT PROOF OF EXPENSE

Make sure you attach proof of each expense. Missing, incomplete, or illegible forms of documentation are the most common reasons claims are denied. You can help avoid denied claims by making sure the proof you submit is legible and contains all of the following:

1. **Name** of patient or covered individual who received the item or service;
2. **Date** item was purchased or service was provided;
3. **Service Provider** name (e.g. doctor, pharmacy, hospital, etc.);
4. **Description** of the item purchased or service received; and
5. **Amount** of out-of-pocket expense.

Cancelled checks, carbon copy checks, credit or debit card receipts, bank statements and balance forward or payment on account statements are **not** acceptable. Proper proof includes:

1. **Explanation of benefits (EOB)** from your insurance company (recommended);
2. **Itemized statement** of services from your doctor or other service provider;
3. **Stub** from a prescription (not the cash register receipt); or
4. **Detailed receipt and prescription** for over-the-counter medicines.

Certain claims, such as insurance premiums, dental/orthodontia and massage therapy require additional proof. See **How to File a Claim** at hraveba.org

HELPFUL CHECKLIST:

- Attach legible proof of each expense - use an EOB whenever possible.
- Sign your Claim Form.
- Keep copies of completed Claim Form and attachments for your files.
- Do not submit more than one receipt for each expense.
- Handwritten receipts must have provider information stamped on them.
- If you want to note certain items on your receipts, circle the items - do not use a highlighter.

REIMBURSE YOUR QUALIFIED INSURANCE PREMIUMS AUTOMATICALLY

You don’t have to submit a Claim Form every month for your qualified insurance premiums. Systematic reimbursement is available. Simply complete and submit a Systematic Premium Reimbursement Form. Forms are available online at hraveba.org or by request from Meritain Health, HRA VEBA’s third-party administrator, at **1-888-659-8828** or myHRAVEBA@meritain.com.

Important Information

E-COMMUNICATION:

If you have elected e-communication, please note that after logging in to **myHRA VEBA online** at hraveba.org, you (1) may withdraw your consent for electronic documents at any time without charge by updating your account preferences; (2) will be able to view and print copies of electronic documents (you may request paper copies at no charge by contacting the third-party administrator); and (3) can update your email address on file by updating your personal information. To access electronic documents, you will need a copy of Adobe Acrobat Reader software loaded on your computer. You can download and install a free copy at www.adobe.com. Documents provided electronically will not be mailed via U.S. Mail.

QUALIFIED EXPENSES AND PREMIUMS:

Qualified expenses and premiums you submit for reimbursement must be incurred after you become claims-eligible. Common qualified expenses include co-pays, coinsurance, deductibles, and prescriptions. Qualified insurance premiums include medical, dental, vision, tax-qualified long-term care (subject to IRS annual limits). Medicare Part B, Medicare Part D, and Medicare supplement plans. IRS regulations provide that insurance premiums paid by an employer or deducted pre-tax through a Section 125 cafeteria plan are **NOT** eligible for reimbursement. See **Qualified Expenses and Premiums** or **How to File a Claim** at hraveba.org for more details.

SPOUSE AND DEPENDENT COVERAGE:

HRA VEBA covers you, your spouse, and qualified dependents. Generally, dependents must satisfy the IRS definition of “qualifying child” or “qualifying relative” as of the end of the calendar year in which

expenses were incurred. Effective September 1, 2010, your young adult children’s expenses incurred through the end of the calendar year in which they turn age 26 are eligible for reimbursement. See **Definition of Dependent** at hraveba.org for more details.

MULTIPLE INVESTMENT FUNDS:

If your account is allocated among multiple investment funds, withdrawals (claims) will be deducted pro rata based on your balance in each fund at the time of withdrawal unless you request otherwise in writing.

MULTIPLE REIMBURSEMENTS:

Meritain Health’s system generates separate checks by calendar year. For example, if the expenses you submit were incurred during more than one calendar year, your total reimbursable amount will be paid via one paper check or direct deposit (if enrolled) for each calendar year.

MEDICARE COORDINATION:

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) requires HRA VEBA Trust to report specific information about Medicare beneficiaries covered under the Plan. The purpose of this reporting is to assist the Centers for Medicare & Medicaid Services (CMS), the federal agency that oversees the Medicare program, coordinate the payment of benefits with other group health plans, such as your HRA VEBA. Federal rules determine whether Medicare or HRA VEBA should pay first. Generally, your HRA VEBA account is primary to Medicare if you’re still employed by the employer that made (or is making) contributions to your HRA VEBA account. For more information, go to hraveba.org and click **Who pays first, HRA VEBA or Medicare?**

QUESTIONS? Call **1-888-659-8828**, email myHRAVEBA@meritain.com, or go to hraveba.org.

How to File a Claim

The below information will help you understand your HRA VEBA plan's overall claims process and related IRS rules. Knowing this information will help you submit "clean" claims that will be processed quickly and hassle-free. Please read the **Qualified Expenses and Premiums** and **Definition of Dependent** handouts available online at hraveba.org to learn more about what types of out-of-pocket healthcare expenses and premiums are eligible for reimbursement and who is covered under your HRA VEBA plan.

Where can I get a Claim Form and where do I send it?

Claim Forms are available online at hraveba.org or by request from the third-party administrator, Meritain Health, at myHRAVEBA@meritain.com or **1-888-659-8828**. You can email, fax, or mail your completed Claim Form to Meritain Health as indicated on the form. Email or fax is recommended and preferred over regular mail.

A fully completed and signed Claim Form, with proper proof of expense attached, is required for reimbursement. Be sure to use the most current version of the Claim Form. Most claims received on outdated Claim Forms are denied and must be resubmitted using the current version of the Claim Form, which collects additional information as required by federal healthcare reform.

What type of documentation (proof of expense) do I need to include?

IRS rules require that you include proper proof of each expense. Missing, incomplete, or illegible forms of documentation are the most common reasons claims are denied. You can help avoid denied claims by making sure the proof you submit is legible and contains all of the following:

1. **Name** of patient or covered individual who received the item or service;
2. **Date** item was purchased or service was provided;
3. **Service Provider** name (e.g. doctor, pharmacy, hospital, etc.)
4. **Description** of the item purchased or service received; and
5. **Amount** of out-of-pocket expense.

Unacceptable documentation includes:

Cancelled checks, credit or debit card receipts, bank statements, balance forward or payment on account statements, and EOBs that indicate an estimated insurance payment or that final insurance payment has not yet been determined. You will need to submit a final EOB, detailed receipt, or itemized statement that reflects your actual out-of-pocket amount.

Generally, all of the basic information requirements are contained on any one of the following types of documents:

1. **Explanation of benefits (EOB)** from your insurance company (recommended);
2. **Itemized statement** of services from your doctor or other service provider;
3. **Stub** from a prescription (not the cash register receipt); or
4. **Detailed receipt and prescription** for over-the-counter (OTC) medicines.

What types of claims require additional proof?

Certain types of claims require proof that is slightly different or in addition to the basic information requirements. For example:

- **Insurance premiums**
Proof of qualified insurance premiums must include: (1) name(s) of covered individual(s); (2) premium amount(s); (3) policy period (i.e. coverage month(s)); and (4) insurance provider name and address. This information is typically contained on your premium billing notice. For long-term care insurance premiums, include a copy of the policy's Declarations page, which should contain proof that the policy is tax-qualified.

Systematic reimbursement of ongoing (e.g. monthly) insurance premiums is available. Complete and submit a **Systematic Premium Reimbursement Form** available online at hraveba.org or by request from Meritain Health. Or, skip the form and set up your systematic reimbursement online after logging in to your account at hraveba.org.

IRS regulations provide that premiums paid by an employer or deducted pre-tax through a Section 125 cafeteria plan, are not eligible for reimbursement. Claims for employee-paid premiums will be denied if the proof you submit (e.g. paystub) indicates that the premium was deducted pre-tax. If the employee-paid premium was deducted after-tax, a letter from the employer confirming that no pre-tax option exists is required.

Questions? Contact the HRA VEBA Third-party administrator, Meritain Health, at myHRAVEBA@meritain.com or **1-888-659-8828**.

- **Dental/Orthodontia**

Generally, reimbursement may not exceed the cost of services provided to. Pre-payment of dental/orthodontia services may be reimbursed so long as you have in fact made the pre-payment and submit proof of such payment. A copy of your payment contract or Truth-in-Lending statement may be required when (1) the total charge is over \$500 and/or (2) the documentation you provide indicates you've made a partial payment but have not yet paid the total charge in full.

- **Massage therapy**

Massage therapy claims require a prescription or letter of medical necessity from your doctor unless you submit (1) an itemized statement of services that contains a diagnosis/condition or (2) an EOB from your primary medical insurance carrier which confirms that insurance has paid its portion of the total charge.

- **Vitamins, remedies, and supplements**

Claims for vitamins, remedies, and supplements require a prescription or letter of medical necessity from your doctor unless you submit an itemized statement that contains a diagnosis/condition of gastric bypass or cancer treatment.

- **Over-the-counter (OTC) medicines and drugs**

Federal healthcare reform laws require that claims for OTC medicines and drugs (except insulin) purchased on or after January 1, 2011 require a prescription or note from a medical professional recommending the item to treat a specific medical condition. OTC medicines and drugs like aspirin, antihistamines, and cough syrup must be prescribed. The prescription requirement applies only to medicines and drugs, not to other types of OTC items such as bandages and crutches. Eligible OTC items purchased on or before December 31, 2010 remain reimbursable without a prescription.

- **Transportation and lodging for medical care**

Claims for transportation may include car, bus, taxi, train, plane, and ferry fares. A standard mileage rate set by the IRS, not actual car expenses, for use of a car to obtain medical care is allowed, and proof of mileage is required (e.g. printed MapQuest directions). Lodging may be reimbursable up to \$50 per night if certain conditions are met: (1) lodging is primarily for medical care; (2) care is provided by a licensed physician in a licensed hospital or medical care facility; (3) the lodging is not lavish or extravagant; and (4) there is no significant element of recreation or vacation in the travel. If a parent is traveling with a sick child, up to \$100 per night may qualify.

How long will it take to process my claim and get my reimbursement?

Standard claims processing time is **seven business days** from the day your claim is received by Meritain Health. If you're not signed up for direct deposit, remember to allow adequate mail delivery time to receive your paper check reimbursements from Meritain Health's service center in Minneapolis.

You can check the status of your claim online. Log in to your account at hraveba.org and click **Claim(s) Being Processed**. Click **Claims History** to view past claims and EOBs.

To get your money back faster, email or fax your claim to Meritain Health instead of sending it via regular mail. Also, sign up for direct deposit. It's faster and more secure than waiting to receive paper check reimbursements in the mail.

What communication should I expect from Meritain Health?

Meritain Health provides several forms of participant communication during the claims process. For example:

1. When you submit a claim via email, Meritain Health will send you an auto reply to confirm that your claim has been received.
2. If you're enrolled in direct deposit, Meritain Health will send you a confirmation email when a direct deposit has been made to your account. Funds availability is subject to your banking institution's policies and procedures.
3. Meritain Health will provide you with an EOB after your claim has been processed. Your EOB will contain a remark code if your claim was denied in whole or in part. The remark code will explain the reason for the denial and, in many cases, tell you how to resubmit the claim.

Note: If you've authorized e-communication on your account in lieu of paper (recommended), Meritain Health will send you an email notification that your **electronic** EOB is available online. **Paper** EOBs are mailed to participants who are not signed up for e-communication, including those who have enrolled in direct deposit. If you're not enrolled in direct deposit, an EOB will be attached to your paper check reimbursement.

4. Meritain Health's system generates separate reimbursements by calendar year. For example, if the expenses you submit were incurred during more than one calendar year, your total reimbursable amount will be paid via one paper check or direct deposit (if enrolled) for each calendar year.