**Iron Workers District Council of Southern Ohio and Vicinity Benefit Trust**

HEALTH REIMBURSEMENT ACCOUNT CLAIM FORM
OUT OF POCKET EXPENSES

Fax or Mail Claim Form to: Iron Workers Benefit Trust
1470 Worldwide Place
Vandalia, OH 45377-1156
Fax: 937-454-5457 (Be sure to send fax printed side up)

Participant Name (Print)

Social Security No./Health ID No. Date of Birth

Address

City, State, Zip Phone No.

***Certification and Authorization:***

I certify that the information on this form is accurate and complete. ***I am requesting reimbursement of eligible healthcare expenses which were incurred by myself or my eligible dependent(s). With regard to eligible healthcare expenses, I certify that I have already received these products or services, have submitted them for coverage through all available insurances carriers, and have not and will not seek reimbursement of this expense from any other plan or party.***

Participant Signature Date

| Date of Service | Name of Service Provider | Describe Expense | Patient Name or Self | Out-of-Pocket Cost* |
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**Total amount of requested reimbursement:**
**(Must be equal to or greater than $25.00)**

***See back page for detailed claims filing instructions.**

# IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY BENEFIT TRUST

**1470 Worldwide Place • Vandalia, Ohio 45377**

**Phone (937) 454-1744 • FAX (937) 454-5457**

**Toll Free: (800) 331-4277**


## INSTRUCTIONS FOR FILING CLAIMS UNDER HEALTH REIMBURSEMENT ACCOUNT

**GENERAL RULES:**

- You must certify that the information on the Claim Form is accurate and complete.
- You must request the reimbursement of eligible healthcare expenses which were incurred ONLY on your own behalf or on behalf of one of your eligible dependent(s).
- With regard to eligible healthcare expenses, you must have already received the products or services. Finally, you CANNOT have already received payment or reimbursement on from any other plan or party, and you MUST NOT seek such reimbursement for the same products or services which are reimbursed under this Benefit Trust.
- You cannot receive a cash-out or lump sum payment from this HRA. It is ONLY available for reimbursement of eligible medical expenses which you owe or already paid out of pocket OR to pay Self-Payment or Retiree Premiums to the Benefit Trust to maintain eligibility for yourself and your family.

**HRA REMINDERS:**

1. As a reminder, all medical claims must be accompanied by the Aetna or other insurance explanation of benefits (EOB). You may go to aetna.com to print EOBs for submission, or call Aenta for assistance at 1-800-735-8947. Cash register receipts or receipts from the provider are not accepted.

2. For orthodontic (braces) expenses, you must provide the following: A narrative from the treating orthodontist explaining why treatment is needed, a copy of the treatment plan, and a copy of the payment schedule. This information can be obtained from the orthodontic office.

3. Pharmacy receipts must include patient name, date of service, name of prescription drug, and the amount you paid for the prescription (cash register receipts are not accepted). You may go to the pharmacy and ask for a printout for date period you are requesting, or print a claim history from CVS Caremark at caremark.com.

4. For routine vision claims, you must provide the Vision Benefit Statement (VBS) from VSP. You may log in at vsp.com and download the Vision Benefit Statement from the Benefit and Claim History section.

5. Claims must be filed within twelve months of the date the eligible health care expense was incurred.

6. The minimum required HRA reimbursement request is $25.00. Please make sure the total reimbursement requested is at least $25.00. (If the total balance remaining in the HRA is less than $25.00, the requested amount must be the entire balance.)

7. You must have active insurance eligibility during the time of service.

If you have any questions regarding your HRA or filing of claims for reimbursement, please contact the Benefit Trust Office at 1-937-454-1744 or email health@iwtrustfund.com