

# Plumbers & Steamfitters Local 33 Health & Welfare Fund

2501 Bell Avenue Des Moines, IA 50321-1118  
 Phone 515.243.3246 Fax 515.244.6606 www.ualocal33.org (View Fund Office Tab)

## Health Reimbursement Account (HRA) Claim Form

Member Name: \_\_\_\_\_

**Expense Information (please print)**

Please complete the form below for each item you wish to have paid from your HRA. The Plan allows the following expenses to be reimbursed from your HRA in 2012: major medical deductible, major medical co-insurance, dental, vision and hearing expenses in excess of the annual benefit, COBRA premium payment, or retiree self pay premium payment. Items not covered by the Plan are not eligible for HRA reimbursement (i.e. chiropractic care, LASIK surgery, etc.).

QUALIFIED HEALTH CARE EXPENSES					
Date Expenses Incurred (mm/dd/yy)	Name of Service Provider	Expense Description (i.e. COBRA payment, major medical deductible, etc.)	Patient	Pay Member or Provider (provide proof of payment if designating member)	Amount to Pay from HRA
<i>Example 1/1/12</i>	<i>Dr. Jones</i>	<i>2012 Major Medical Deductible</i>	<i>Brenda</i>	<i>Dr. Jones</i>	<i>\$250.00</i>
<i>Example 2/1/12</i>	<i>N/A</i>	<i>Retiree Self Pay Premium Payments February - June, 2012</i>	<i>N/A</i>	<i>N/A</i>	<i>\$4,175.00</i>
<b>Total Reimbursement from HRA (minimum reimbursement is \$25.00)</b>					<b>\$</b>

Do you have other insurance that is secondary to this plan? Yes or No (circle one)

If the answer is yes, your claim must be filed with your secondary carrier before your HRA is processed. A copy of the secondary carrier's explanation of benefit (EOB) must be included with this submission for reimbursement.

This is to certify that my statements on this Claim Form are complete and true. I certify that any expenses reimbursed are for eligible medical expenses for myself, my spouse, or eligible dependents and such expenses have not and will not be reimbursed under any other Health Reimbursement Account, insurance plan, nor be claimed as an income tax deduction.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date