

**Plumbers & Steamfitters Local 33 Health & Welfare Fund
Health Reimbursement Account (HRA) Claim Form**

4 Ways to Submit your HRA Claim for Reimbursement:

1. Email Completed Form and Attachments to: fundoffice@ualocal33.org
2. Complete online at: www.ualocal33.org (click Submit your HRA Claim in the white box)
3. Fax to the Fund Office at (515)244-6606
4. Mail to the Fund Office at 2501 Bell Ave, Des Moines, IA 50321

Member Name: _____

Expense Information (please print)

Please complete the form below for each item you wish to have paid from the HRA. Please see page 30 of the SPD for additional information on expenses that may be reimbursed from the HRA.

Please note, if proper proof of payment is not submitted, all payments will be sent directly to the provider.**

****Canceled check, bank/credit card statement, itemized statement from the provider showing paid in full.**

QUALIFIED HEALTH CARE EXPENSES					
Date of Service (mm/dd/yy)	Name of Service Provider	Expense Description (i.e. COBRA payment, deductible, etc.)	Patient Name	Pay Member or Provider (Payment will be paid to the provider if proof of payment is not included with this claim)	Amount to Pay from HRA
Total Reimbursement from HRA					(minimum reimbursement is \$25.00) \$

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 the HRA claim 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 understand that payments will be made directly to the provider if I fail to provide sufficient proof of payment. Further, 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