IRON WORKERS'
Tri-State Welfare Fund

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HEALTHY FOUNDATIONS ACCOUNT (HRA) REIMBURSEMENT REQUEST

NAME _____

SOCIAL SECURITY # _____ PHONE # _____

ADDRESS _____

PAYMENT REQUEST FOR SELF-PAYMENT

	AMOUNT	ELIGIBILITY QTR/MONTH(S)
REGULAR SELF-PAYMENT	$ _____	_____
COBRA PAYMENT	$ _____	_____

If you do not have enough in your account to cover a requested self-payment, you must submit payment for the remaining balance by the due date. The due date will not be extended.

PAYMENT REQUEST FOR REIMBURSABLE EXPENSE

EXPENSES (Describe type of expense)	AMOUNT
_____	$ _____
_____	$ _____
_____	$ _____
TOTAL	$ _____

You must include an itemized bill, proof of payment, and an Explanation of Benefits (EOB).Payment will be made via direct deposit. Please complete the information below and sign.

Name of Financial Institution: _____ ☐ Checking ☐ Savings

Routing Number: ☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature: _____ Date: _____

Reimbursable Expenses

- Calendar year deductibles;
- Participant co-payments;
- Amounts in excess of any maximum benefit limits for covered expenses
- Expenses for occupation related sickness or injury that would otherwise be covered under the Plan and that are not reimbursable for another source, such as Workers' Compensation.
- Self-payment for continued eligibility; and
- Payment of expenses for medical, dental, or vision services or for prescription drugs, which are otherwise excluded from the Plan, but that the Trustees determine are appropriately payable under this benefit, subject to Federal law.

Non-Covered Expenses

- Non-prescription drugs, medicines and vitamins;
- Expenses for which reimbursement can be made by some other source;
- Expenses incurred when you (or your dependent) are not eligible for regular Plan benefits, or that you (the member) are not required to pay; and
- Expenses not listed under "Reimbursable Expenses" above.

Instructions

- You may submit a request at any time, provided the request is received by the Fund Office no later than two years after the date the expense was incurred.
- You must enclose a copy of the bill for the expense.
- You must enclose a copy of the Explanation of Benefits from the Fund Office.
- If you wish to use your HFA to make a self-payment for continued eligibility, you must submit the request form before the self-payment is due.
- If you don't have enough in your account:
  - ◊ For self-payments, you must make the full self-payment yourself. The due date will not be extended.
  - ◊ For reimbursements, the Fund Office will pay what is in the account, and you can resubmit the unpaid balance later if additional funds are added to your account.

IMPORTANT REMINDER

This is not a savings account and you are not vested in the balance. Amounts in the account can be used only for the expenses shown above. The list of covered expenses and any of the HFA's rules and procedures can be changed at any time by the Board of Trustees.