



## INSTRUCTIONS FOR SUBMITTING CLAIMS

Use this form to request reimbursement of qualified healthcare expenses and/or insurance premiums you have incurred on behalf of yourself, your spouse, and/or your eligible dependents (fillable version available at [veba.org](http://veba.org)). Qualified expenses and premiums submitted for reimbursement must have been incurred after you became a participant eligible to file claims. Want to see your claims in progress and claims history? Go to [veba.org](http://veba.org) and click **myVEBA Plan online** to login to your account. For more information, read **Guidelines for Submitting Claims** available online. To expedite your claim:

1. **E-mail your claim to [myclaims@meritain.com](mailto:myclaims@meritain.com) and sign up for direct deposit**; its faster and more secure. Go to [veba.org](http://veba.org) and click **myVEBA Plan online** to login to your account and sign up for direct deposit. Claims sent via **e-mail** will receive an auto-reply confirming receipt of claim. If you **fax** your claim, check the fax machine's confirmation report to confirm the transmission was successful. Claims submitted by **mail** may be viewed online after logging into your account.
2. **Fully complete each section of the claim form.** Missing information may delay the processing of your claim and could result in your claim being denied. Don't forget to sign and date the form.
3. **You must attach itemized verification for each expense or service.** Generally, verification should contain (1) patient (covered individual) name; (2) date item was purchased or service was provided; (3) description of expense or service; and (4) out-of-pocket amount. Acceptable forms of verification include (1) an explanation of benefits (EOB); (2) an itemized billing or statement from your provider; or (3) a detailed receipt for prescription or over-the-counter (OTC) medications. Cancelled checks, credit card or debit card receipts, balance forward or payment on account statements, and documentation which indicates that final insurance payment has not yet been determined are not acceptable. **NOTE: Please do not use a highlighter** on your expense receipts. If you want to identify certain items on your receipts, circle the items with a regular pen instead. Highlighting often appears illegible on faxes and electronic imaging equipment used to process your claim.
4. For qualified insurance premium reimbursement, you must attach documentation which includes the following: (1) name(s) of covered individual(s); (2) premium amount(s); (3) policy period; and (4) insurance provider name and address. This information is typically contained on your premium billing notice. **NOTE: IRS regulations provide that insurance premiums paid by an employer, or premiums that are or could be deducted pre-tax through your (or your spouse's) employer's Section 125 plan, are not eligible for reimbursement.** If you request reimbursement of after-tax premiums deducted from your (or your spouse's) paycheck, you should include a letter from the employer which confirms that a pre-tax option for the payment of such premiums is not available.

To set up systematic reimbursement of monthly insurance premiums, go to [veba.org](http://veba.org) and click **myVEBA Plan online** to login to your account. Or, submit a completed **Systematic Premium Reimbursement Form**.

**Questions?** Contact the third-party administrator, Meritain Health, at [myVEBAPlan@meritain.com](mailto:myVEBAPlan@meritain.com) or **1-888-828-4953**.

## QUALIFIED EXPENSES AND PREMIUMS

Internal Revenue Code § 213(d) defines qualified expenses and premiums, in part, as "medical care" amounts paid for insurance or "for the diagnosis, cure, mitigation, treatment, or prevention of disease..." Expenses solely for cosmetic reasons generally are not eligible (e.g. facelifts, hair transplants, hair removal, etc.). Common expenses include co-pays, coinsurance, deductibles, and prescriptions. Common insurance premiums include medical, dental, vision, tax-qualified long-term care (subject to IRS limits), Medicare Part B, Medicare Part D, and Medicare supplement plans. Go to [veba.org](http://veba.org) to view a more extensive list. Please note the following:

1. Qualified expenses and premiums you submit for reimbursement must be incurred after you become a claims-eligible participant.
2. If a person covered by this plan has a Section 125 healthcare flexible spending account (FSA), the FSA benefits must be exhausted before submitting eligible claims.
3. Qualified insurance premiums are reimbursable beginning with the month in which you become a claims-eligible participant.
4. **IRS regulations provide that insurance premiums paid by an employer, or premiums that are or could be deducted pre-tax through a Section 125 plan, are not eligible for reimbursement.** If you request reimbursement of premiums deducted from your (or your spouse's) paycheck, you should include a letter from the employer which confirms that a pre-tax option for the payment of such premiums is not available.
5. Systematic reimbursement of recurring qualified insurance premiums may be set up online after logging in to your account or by submitting a **Systematic Premium Reimbursement Form**.

**IMPORTANT NOTICE REGARDING OVER-THE-COUNTER (OTC) DRUGS AND MEDICINES:** To be eligible for reimbursement, federal healthcare reform requires that OTC medicines and drugs (except insulin) purchased on or after **January 1, 2011** be prescribed by a medical professional or accompanied by a note from a medical practitioner recommending the item to treat a specific medical condition. Thus, OTC medicines and drugs such as aspirin, antihistamines, and cough syrup must be prescribed. Eligible OTC medicines and drugs purchased on or before **December 31, 2010** remain reimbursable without a prescription. The prescription requirement applies only to medicines and drugs, not to other types of OTC items such as bandages and crutches.

## 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 to be eligible for benefits. These requirements are defined by Internal Revenue Code § 152 and described in IRS Publication 502. These definitions supersede and may differ from state definitions. Go to [veba.org](http://veba.org) for more information.

**Qualifying Child.** A qualifying child is an individual who is your son or daughter and has not attained age 27 as of the end of the taxable year; or: (1) is your stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them (for example, your grandchild, niece, or nephew); and (2) at the end of the calendar year in which expenses were incurred will be (a) under age 19, or (b) under age 24 and a full-time student, or (c) permanently and totally disabled; and (3) is younger than you; and (4) is unmarried; and (5) lives with you for more than half the year; and (6) does not provide more than half of his or her own support; and (7) is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico.

**Qualifying Relative.** A qualifying relative is a person who: (1) is your (a) son, daughter, stepchild, foster child, or a descendant of any of them (e.g. your grandchild); or (b) brother, sister, or a son or daughter of either of them; or (c) father, mother, or an ancestor or sibling of either of them (for example, your grandmother, grandfather, aunt, or uncle); or (d) stepbrother, stepsister, stepfather, stepmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law; or (e) any other person (other than your spouse) who lived with you all year as a member of your household; and (2) will not be a qualifying child of any other person as of the last day of the calendar year in which expenses were incurred; and (3) does not provide more than half of his or her own support; and (4) is a citizen, national, or resident of the U.S. or a resident of Canada or Mexico.