North Atlantic States
CARPENTERS BENEFIT FUNDS

Health
Benefits Fund

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Hauppauge, NY 11788
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Health Reimbursement Account Withdrawal Application

Member's Name: _____

Address: _____

Telephone: _____ UBC# or last 4 digits of SSN _____

Email Address: _____ Local Union# _____

NOTE: You cannot use your Health Reimbursement Account (HRA) as a substitute for medical insurance. Before submitting a claim, please review the following items. Claims must be filed within one year from the date of provided services.

- Submit a detailed itemized invoice and/or a corresponding Explanation of Benefits (EOB) from insurance along with your proof of payment. All invoices must show dates and costs of service, name of patient, diagnosis (if available), including other and EOB from another insurance carrier or plan.
- Reimbursement submissions can only be for yourself, legal spouse, or eligible dependents. An HRA Enrollment Form must be on file
- Claims must total a minimum of $100.00 unless submitted in January or July.
- Properly submitted paperwork will be processed within 30 days.
- **Submitted pay stubs must show deductions for medical premiums after taxes.** If it is not clearly stated on the pay stub, a letter is required from the employer verifying they are **post-tax** health insurance benefits. The letter must include medical premiums cost to the employee, name of person check is issued to, check date, and company name.

The Health Fund's HRA Eligible Services and Items List

Please select the type of Non-Taxable Benefits being requested:

- ◯ Medical Expenses
- ◯ Prescription Copays
- ◯ Dental Expenses
- ◯ Optical Expenses
- ◯ OTC Medication

◯ **Medical Insurance Premium Reimbursement**

In order to be considered for reimbursement for your health insurance premiums, it must be an ACA-credible group health plan provided by your employer or spouses employer on a post-taxed deducted basis. ***Please note that subsidized premiums purchased through the Marketplace are not reimbursable.***

Total Amount Requested: $ _____

Account Maintenance Policies:

- **Administrative Fee:** If there have been no contributions to, or withdrawals from your Health Reimbursement Account for 12 consecutive months, the Fund will automatically deduct an annual administrative fee of $120.00 from your HRA.
- **Forfeiture:** Any balance in your Health Reimbursement Account will be forfeited following 36 consecutive months of no activity. (no activity means no Employer contributions have been made to your account and no amounts have been deducted from your account)

FRAUD WARNING: Any person who knowingly files a claim containing false information is subject to criminal and civil penalties. I hereby certify that the paid expenses submitted are for myself, my legal spouse, or my legal dependents and we are not covered under any other insurance policy that has not been declared.

Member's Signature: _____ **Date:** _____