

SHEET METAL WORKERS' LOCAL 105 HEALTH REIMBURSEMENT PLAN
Health Reimbursement Account (HRA) Claim Form

INSTRUCTIONS: You must complete ALL Sections (A-D) on the HRA Claim Form ("Form"). A separate Form must be completed for each patient (e.g., one for yourself, your spouse, and each dependent child). *Please read the Program Summary before submitting your Form.*

SECTION A

1. Participant Name: _____

2. Participant Social Security Number: XXX-XX-_____

3. Address: _____

4. Contact Phone Number: _____

SECTION B

5. **PLEASE COMPLETE SUBSECTIONS A and B BELOW AND CHECK THE APPLICABLE BOXES:**

A. This form is for (Patient Name): _____

Relationship to Participant: Self Dependent Spouse DOB: _____ Dependent Child DOB: _____

B. On the Date of Service(s) the above-named Patient (check one only):

Had insurance under Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada

Had other Group Health Coverage (e.g., spouse's group plan or parent's group plan)

Complete information listed below:

Employer Name: _____

Insurance Group Number: _____

Employer Phone Number: _____

SECTION C

I understand that benefits will be paid in accordance with the Health Reimbursement Account (HRA) Plan eligibility requirements, the Internal Revenue Code and IRS guidelines and limitations established by the Board of Trustees. I hereby certify that (1) I did not engage in Noncovered Sheet Metal Service; (2) if the patient listed above is a Spouse or Dependent, he or she was eligible as a qualified dependent under the Plan terms at the time that the expenses were incurred (see attached Eligibility Requirements); (3) all information provided in this claim form is true, correct, and complete; and (4) this claim accurately states my unreimbursed qualified medical expenses. I further acknowledge and agree that any claim submitted fraudulently could result in my termination from the Plan and/or other legal action. I have received, reviewed, and understand the Plan information provided.

6. Participant's Signature: _____ 7. Date: _____

For Administrative use only:

Control ID: _____ Processing Date: _____ Disp: _____ Init: _____

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PROGRAM SUMMARY

What is a Health Reimbursement Account?

The Health Reimbursement Account ("HRA") program creates and maintains an account for each qualifying employee for whom Employer contributions are made under a Classification that provides HRA benefits. The Plan enables you to build up an account balance that will be available to help pay health care premiums after retirement. Another purpose of the HRA is to help defray some of your current eligible out-of-pocket health care costs.

How will my HRA be funded?

Each qualifying Participant will have an account based on hourly contributions paid for work in a Classification that provides HRA benefits, as determined by the Collective Bargaining Agreement.

How will I be informed of my HRA balance?

HRA information appears on your statement. Statements are scheduled to be mailed quarterly.

Eligibility Requirements

- 1) You become eligible at the time you first work under a Classification that requires your Employer to contribute to the HRA on your behalf.
- 2) You have not engaged in Noncovered Sheet Metal Service.
- 3) Your Dependents may be eligible on the later of (a) the date you become eligible or (b) the date the Dependent is enrolled as an eligible Dependent in the Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada.
- 4) A Dependent under the HRA is defined as a Federal Tax Dependent as reported on Form 1040. Your Dependents are eligible on the later of (a) the date you become eligible or (b) the date they become eligible to be listed as a Dependent on your annual Federal Income Tax Return.
- 5) You and your eligible Dependent(s) must have been enrolled in an Employer-sponsored Affordable Care Act (ACA) compliant group medical plan (such as the Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada) and have been eligible for coverage under such medical plan on the Date of Service.
- 6) Pursuant to ACA rules, any participant with an HRA account balance is permitted to permanently opt out of and waive future reimbursements from his or her account on an annual basis.

Domestic Partners and their dependents, foster children and persons for whom a participant is a legal guardian are not Eligible Dependents under the Health Reimbursement Plan.

Reimbursement can only be made for expenses that are incurred on or after the date you, your spouse, and/or your dependent(s) become eligible.

Maximum Benefit

The maximum amount payable is never more than the current balance in your HRA.

What can I use the HRA for?

The HRA may be used to reimburse you (your Provider cannot be paid directly) for eligible medical, dental, orthodontia, vision, hearing aid or prescription expenses which would otherwise not be payable under the Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada, as permitted by IRS provisions. Reimbursable benefits include:

- ◆ All or part of any co-payments required or amounts in excess of usual, customary and reasonable limits, for covered services.
- ◆ Any annual deductibles that must be met before health insurance benefits are payable.
- ◆ Denied services (provided they are IRS approved medical expenses; see IRS Publication 502).
- ◆ Prescription drug co-payments.
- ◆ Self-payments, including COBRA and Retiree Health and Welfare premiums.

Refer to the attached Summary of General Categories of Eligible & Ineligible Expenses for further eligible details.

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What expenses are not allowed?

Reimbursements made under the HRA must follow IRS rules defining the kinds of expenses that would qualify as deductible medical expense for personal income taxes. The following is a brief list of expenses **not payable** under the HRA.

Non-reimbursable expenses, include but are not limited to:

- ◆ Expenses already covered under the Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada.
- ◆ Life Insurance premiums.
- ◆ Over-the-counter medicines or drugs without a written prescription.
- ◆ IRS Guidance provides that premiums for **individual market coverage or insurance plans** purchased from a state or federal Marketplace (also known as the Exchange) are not considered expenses eligible for reimbursement through the HRA.

Refer to the attached Summary of General Categories of Eligible & Ineligible Expenses for further ineligible details.

What is Acceptable Supporting Documentation?

Documentation needs to include patient name, date of service, type of service, amount covered by insurance, and amount paid out-of-pocket. Balance due statements or credit card receipts are not acceptable. Refer to the attached Acceptable Supporting Documentation for further detail.

What happens to my HRA after I retire?

You will still be able to use your HRA as you had before retirement, including reimbursement of your Retiree Health and Welfare Premium Payments and your Medicare Part B and Part D Premiums.

What happens to my HRA in the event of my Death?

- 1) Eligible Dependent(s) (defined as a surviving eligible spouse or child within the meaning of IRC Section 152) will continue to have access to the account and receive reimbursements for Qualified Expenses under this Plan.
- 2) If a deceased Participant has no eligible Surviving Spouse/Dependent(s), or when they die or are no longer eligible for HRA benefits (e.g., when a dependent child reaches 26 years of age) any unused balance will be forfeited and revert to the Plan to be used to pay the Plan's administrative expenses.

Under federal law, the Plan would lose its tax-free status if it permitted cash distributions of an account balance on death.

Affordable Care Act Form 1095-B (Proof of Health Coverage Through HRA)

If a Participant or Eligible Dependent is covered under the Sheet Metal Workers' Local 105 Health Reimbursement Plan but is enrolled through other group health coverage (other than the Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada), he/she will receive a Form 1095-B pertaining to HRA coverage provided to the participant or eligible dependent. The Form 1095-B is intended to assist you in reporting your health coverage when you file your income tax return. You will most likely also receive a separate Form 1094-B from your insurance carrier or other group health coverage. For more information, please visit the IRS website at <https://www.irs.gov/Affordable-Care-Act/Employers/Information-Reporting-by-Providers-of-Minimum-Essential-Coverage>.

Processing Time

Generally, reimbursements for eligible claims filed by the end of a month with all necessary documentation will be issued by the 15th of the next month.

Questions: Contact Kaufmann and Goble Associates at 1-855-512-1170

Return Form by mail to: SMW Local 105 Health Reimbursement Plan
160 W. Santa Clara Street, Suite 1550
San Jose CA 95113-1734

Or

Return Form by fax to: (408) 298-1180

Or

Return Form by email to: HRP105@kandg.com
(documentation should be submitted in PDF format)

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Acceptable Supporting Documentation

Documentation needs to include patient name, date of service, type of service, amount covered by insurance, and amount paid out-of-pocket.

Copies of a credit/debit card receipts, check copies, or bank statement transactions without a supporting service statement are **not** acceptable documentation.

Balance Due Statements, Balance Forward Statements or Collection Notices without complete service details (patient name, date of service, type of service, amount covered by insurance) are **not** acceptable documentation.

Applications that do not include acceptable documentation will be returned to the Participant for additional information. The expenses will not be reimbursed until the required information is returned.

Type of Reimbursement	Documents Required
Medical Co-payments	Copy of your Medical Co-payment summary or Explanation of Benefits (EOB) including copy of your eligible Dependent(s) EOB and Group Policy Number (if applicable).
Dental / Orthodontic Co-payments	Copy of Dental Explanation of Benefits (EOB). In the case of Orthodontic services, details of the treatment plan (duration, payment schedule, etc.) will be requested if not previously supplied.
Vision Co-payments	Copy of your Vision Plan itemized receipt showing your out-of-pocket expenses.
Prescription Co-payments*	Copy of the Pharmacy Insurance receipt reflecting the patient's co-payment or a printout from your pharmacy.
Active Subsidized Self-Payments / COBRA	Copy of Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada payment stub and copy of check or money order.
Retiree Health and Welfare Premium Payments	Copy of the Sheet Metal Workers' Health Plan of Southern California, Arizona and Nevada payment stub and copy of check or money order.

* **Kaiser Prescription Co-payments** - Kaiser stopped including patient names on prescription payment receipts in 2016. Payment receipts that do not include the patient's name are **not** sufficient documentation for HRA reimbursement. Insurance receipts for prescriptions can be requested from Kaiser by phone, email, or by visiting any Kaiser location. Contact information for each location can be found at www.thrive.kaiserpermanente.org.

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SUMMARY OF GENERAL CATEGORIES OF ELIGIBLE & INELIGIBLE EXPENSES

Summary of the General Categories of Qualified Expenses ELIGIBLE for Reimbursement

- Acupuncture
- Alcoholism Treatment
- Ambulance Service
- Annual Physical Exam
- Birth Control
- Blood Tests
- Cardiographs
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Crutches
- Dental Treatments
- Dental X-Rays
- Dermatologist
- Diagnostic Devices (e.g. Diabetes Test Kits)
- Drug Addiction Treatment
- Eye Exam
- Eyeglasses
- Eye Surgery
- Fertility Procedures
- Guide Dog or Service Animal
- Gynecologist
- Hearing aid and Batteries
- Hospital Services
- Insulin Treatments
- Insurance Premiums that cover medical care
- Laboratory Fees
- Legal Fees (To Authorize Mental Illness Treatment)
- Lodging (Away From Home For Outpatient Care)
- Medicare B and D
- Medical care in a nursing home
- Metabolism Tests
- Nursing Services
- Operating Room Costs
- Ophthalmologist
- Oral Surgery
- Organ Transplant (Including Donor's Expenses)
- Orthodontia/Braces/Invisalign
- Orthopedist
- Osteopath
- Oxygen and Oxygen Equipment to Relieve Breathing Problem
- Physicians & Specialists
- Premiums for Health & Welfare Active/Retiree Self Pay, COBRA
- Premiums for Long-Term Care Insurance
- Prescription Drugs
- Prosthesis
- Psychiatric Care
- Psychoanalyst
- Psychologist
- Qualified Long-term care expenses
- Special Education
- Speech Therapy
- Sterilization
- Stop-Smoking Program
- Telephone or TV Equipment to Assist the Hearing Impaired
- Therapy Equipment
- Transportation Expenses (Essential to Medical Care)
- Vasectomy
- Vision Correction Surgery (LASIK)
- Weight-Loss Program (for specific disease diagnosed by a physician)
- Wheelchair
- Wig (hair loss due to disease)
- X-Ray for medical reasons

Summary of the General Categories of Qualified Medical NOT ELIGIBLE for Reimbursement

- Baby Sitting, Childcare, and Nursing Services for a Healthy Baby
- Controlled Substances (such as marijuana)
- Cosmetic Surgery and Procedures
- Cosmetics, Hygiene Products and Similar Items
- Dancing Lessons
- Diaper Service
- Electrolysis or Hair Removal
- Flexible Spending Account
- Funeral, Cremation or Burial Expenses
- Future Medical Care
- Hair Transplant
- Health Club Dues
- Household Help
- Illegal Operations and Treatments
- Insurance Premiums for Life Insurance, Income Protection, Disability, Loss of Limbs, Sight or Similar Benefits
- Maternity Clothes
- Medicine and Drugs from Other Countries
- Nutritional Supplements
- Over-the-counter Medicines and Drugs
- Personal Use Items
- Swimming Lessons
- Teeth Whitening
- Veterinary Fees
- Weight-Loss Programs
- Premiums for Individual Insurance Coverage (including premiums subsidized by the Premium Tax Credit) purchased inside or outside of the Marketplace/Exchange, as prohibited under IRS Notice 2013-54

(More information on such expenses is also presented in IRS Publication 502)