



# Guide to Requesting Reimbursement

To request reimbursement for your health care premiums use this form.

## ① Account Holder Information:

The Account Holder is usually the retiree or the surviving spouse.

## ② Reimbursement Information:

Complete this section to indicate the Date of Service; Type of Coverage (e.g. Medigap;) Covered Participant Name and Relationship to the account holder; and Amount Requested, which should be the entire expense you incurred/paid.

## ③ Certification Requirements:

Carefully read the certification requirements before signing.

## ④ Premium Reimbursement

### Documentation:

To file a request for a health premium (e.g. Medigap,) you must provide supporting document(s) from a third party (e.g. AARP) to certify the request.

A premium statement AND a bank statement, or a canceled check or premium statement showing the amount paid, should include all of the required information.

The payment amount must match the amount on the premium statement. When submitting a request for your premium reimbursement, the coverage period start date should be used as the date of service, not the date of payment.

For Medicare premiums deducted from your Social Security Benefit Payment, please include the "Benefit Award Letter" issued by the Social Security Administration.

Requests for future premiums can be submitted with this form as long as the future premiums have been paid.

## Documents and Reimbursement

**Submission** – Reimbursements cannot be processed without the required information or documents. If you have lost a document, contact your health insurance carrier to request a copy.

Reimbursement requests can be submitted online, by fax, or by mail.

Once your request and receipts have been approved, you will receive payment within fourteen (14) days. If you have elected direct deposit, payment will be issued within three (3) days of the claim approval.