



Reimbursement Request Form

Exclusively for the account of:

<First Name> <Last Name>
 <Address Line 1>
 <Address Line 2>
 <City>, <State> <ZIP Code>



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Mail to:
 PO Box 981156
 El Paso, TX 79998-2256



Fax to:
 844-930-0236
 Total pages:



Phone number:
 855-801-9759



What I Need To Do:

- Make copies of this form for future requests
- Verify account holder information
- Complete Reimbursement Request Form
- Prepare supporting documentation
- Read Certification
- Sign and date form
- Mail or fax your completed form and supporting documentation

Your supporting documentation must contain these five items:

- Covered participant (e.g., John Doe)
- Type of coverage (e.g., medical)
- Date of service (e.g., 01/01/XXXX)
- Proof of payment (e.g., \$XXX.XX)
- Provider name (e.g., AARP)

Complete

Covered Participant (John Doe)	Relationship (Self, Spouse)	Type of Coverage (Medical)	Date of Service (01/01/XXXX)	Reimbursement (\$XXX.XX)
Total Amount Requested				

Certification

By signing below, I certify that the information provided on this Reimbursement Request Form is correct and that the expenses for which I am requesting or for which I am providing validation: were incurred for expenses for the covered participant while eligible under the plan on or after its effective date, have not been reimbursed in any other way from any other source, and will not be submitted for future reimbursement.

Sign

Account Holder Signature

Date

Make Copies Of This Form For Future Reimbursement Requests



What I Need To Know:

- What documentation to use for premium reimbursements?
- What documentation to use for Medicare Part B premium reimbursements?
- What documentation to use for out-of-pocket reimbursements?
- What can I do if documents are missing?

• **Fast. Safe. Secure.** •

▶ **Submit Reimbursement Requests and enroll in Direct Deposit Online** ◀

The fastest, safest and most secure way to be processed and reimbursed.

Verify account holder information:

The account holder is usually the retiree or the surviving spouse. Verify that the account holder information listed is correct.

Reimbursement requirements:

Complete this section to indicate the Covered participant, Relationship to Account Holder, Type of Coverage, Date of Service, and Reimbursement Amount, which should be the entire expense you incurred/paid.

Certification:

Carefully read the certification requirements then sign and date.

Expense Documentation:

What documentation to use for premium reimbursements?

To file a request for a health premium (e.g., medical), you must provide supporting document(s) from your insurance company (e.g., AARP) to certify the request.

- Premium statement and bank statement or
- Premium statement and cleared check (front and back) or
- Premium statement showing amount paid

The premium 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.

What documentation to use for Medicare Part B premium reimbursements?

For Medicare Part B premiums deducted from your Social Security Benefit Payment, please include a copy of the Benefit Award/Proof of Income Letter issued by the Social Security Administration.

Medicare Part B premiums must be submitted each month with the use of this form.

You may call Social Security Administration to request a new Benefit Award/Proof of Income Letter at 1-800-772-1213.

What documentation to use for out-of-pocket reimbursements?

To file a request for an out-of-pocket expense (e.g., copay, coinsurance or deductible), you must provide proper supporting documentation from a third party (e.g., hospital, doctor, pharmacy) to qualify for the reimbursement.

An Explanation of Benefits (EOB) from your insurance company will typically include all of the required information. We recommend the EOB but other documents such as receipts and statements are acceptable if they contain all of the above information and DO NOT indicate that insurance is pending. If the receipt is handwritten, it must include the service provider's signature.

What can I do if documents are missing?

Reimbursements cannot be processed without the required information and documents. If missing a document, contact your doctor, hospital, pharmacy, or insurance company to request a copy.

This form is not intended for recurring reimbursement requests.