



Emeriti Retirement Health Solutions
Qualified Medical Expense Claim Form

Please use this Claim Form to submit claims for the reimbursement of Qualified Medical Expenses, otherwise known as the Emeriti Reimbursement Benefit, under your (former) employer's Emeriti Retiree Health Plan ("Plan"). Before you complete and submit this Claim Form, please read the accompanying document entitled Instructions and Additional Information carefully. Be sure to provide all requested information, substantiate your claim(s) by providing proof of payment, and sign the form. If your claim is denied, you will be informed by mail. You will be provided the reason for a denial and an opportunity to appeal or resubmit your claim.

EMERITI REIMBURSEMENT BENEFIT - CLAIM FORM FOR QMEs

1. Participant (Account Holder) Information:

Name: _____

Social Security Number: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____ - _____

Daytime Phone: _____ - _____ - _____ Ext: _____

2. Participant Eligibility:

I am eligible to receive reimbursement benefits because (check the relevant boxes):

- ☐ I have attained age 55 and no longer work for the employer sponsoring the Plan, or
- ☐ I satisfy the conditions of the following Early Availability provision of my Plan:
 - ☐ Catastrophic Expenses
 - ☐ Terminal Illness or Injury
 - ☐ Termination from Service prior to age 55 (up to \$5,000 in cumulative QMEs)

3. Plan Dependent Expenses: If claims are being submitted for medical expenses incurred by an eligible Plan Dependent(s), please provide the information requested below. *Please refer to the Instructions and Additional Information regarding the eligibility of "Plan Dependents."*

Name: _____

Relationship to Account Holder: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Name: _____

Relationship to Account Holder: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

4. List of Qualified Medical Expenses. Enter each QME claim in the chart below. If additional space is needed, please provide all requested information from the grid below on a separate sheet of paper.

Date(s) of Service	Patient's (Service Recipient's) Name	Service Recipient's Relationship to Participant*	Service Provider's Name (Name of Doctor, Clinic, Pharmacy, Store, etc.)	Description of Qualified Expense (e.g. Long Term Care Premium, Rx Drugs, Co-Payment)	Requested Reimbursement Amount
		<input type="checkbox"/> Check if a dependent*			
		<input type="checkbox"/> Check if a dependent*			
		<input type="checkbox"/> Check if a dependent*			
		<input type="checkbox"/> Check if a dependent*			
		<input type="checkbox"/> Check if a dependent*			
TOTAL REIMBURSEMENT REQUESTED					

*Check the box if the person qualifies as your dependent for Federal tax purposes. Please note that certain eligible Plan Dependents, such as a non-dependent domestic partner, are not treated as dependents of the Participant under the Federal tax code, and their reimbursed claims may be taxable distributions from the Plan. *Please refer to the Instructions and Additional Information for details.*

5. Proof of Payment: You must submit proof of payment for each Qualified Medical Expense, which may be (i) an itemized receipt, (ii) an insurance billing statement, or (iii) an Explanation of Benefits (EOB). *Please refer to the Instructions and Additional Information below for details.*

6. Certification and Signature: *By my signature below I hereby certify and/or acknowledge the following:*

- 1) The Qualified Medical Expenses identified above were incurred by me and/or my eligible Plan Dependent(s). Any prescribed medication or allowable medical supply requested above was purchased for me and/or my eligible Plan Dependent(s) and was not purchased for general good health.
- 2) I am solely responsible for the correct designation of my eligible Plan Dependents, and I have made such designation(s) herein in compliance with the terms of my Plan and the Summary Plan Description. I understand that if I make such designation incorrectly, either by error or intent, that I will be responsible for refunding to the Plan any associated ineligible QME reimbursements I received as soon as practicable following the discovery of such incorrect designation of a Plan Dependent.
- 3) To the extent I am submitting a request for the reimbursement of an expense incurred by my dependent domestic partner or a dependent relative, as indicated by me in Section 3 above, I certify that such individual maintains residence in my home as his or her principal place of abode and is a member of my household. Further, I certify that such individual receives over half of his or her support from me.
- 4) If I receive a reimbursement benefit for a claim incurred by a Plan Dependent who is not eligible to be treated as my dependent under the Internal Revenue Code (such as a non-dependent domestic partner), I understand that such reimbursement will be taxable under the Internal Revenue Code.
- 5) These expenses for which I am seeking reimbursement have not previously been reimbursed to me (or a Plan Dependent) by any other plan covering health benefits, nor will I (or a Plan Dependent) seek such reimbursement.
- 6) I am not currently covered under a Flexible Spending Arrangement (a "FSA") under Internal Revenue Code Section 125 (a "cafeteria plan"), or if I am covered under a FSA for the applicable period, I have exhausted my maximum annual coverage for the year in which the expenses were incurred.

- 7) I am not currently enrolled in a Health Savings Account (an "HSA"), or if I am enrolled in an HSA, I have first satisfied the high deductible health plan's annual deductible for the year for which the expense was incurred.
- 8) To the extent my claim is for the reimbursement of insurance premiums, if I (or an eligible Plan Dependent) receive(s) a full or partial refund of a reimbursed premium from any medical provider or insurance company, after being reimbursed by my Plan, I am obligated to return the refunded amount to my Emeriti Health Account.
- 9) I further certify that I understand that any person who, knowingly and with intent to defraud or deceive, files a claim containing any materially false, incomplete or misleading information may be prosecuted under state law and be subject to civil fines and criminal penalties. I hold Savitz, its affiliated companies, officers, and employees, Emeriti Retirement Health Solutions, its officers and employees, and my Plan harmless for payment of any ineligible expenses presented in such a manner under the terms and conditions of the Emeriti Reimbursement Benefit.

Signature: _____ **Date:** _____

7. Legal Representative. If this Claim Form is being completed by a legal representative of the Participant (e.g., guardian, individual with power of attorney, executor), please provide the basis of authority, below:

Basis of Authority: _____

Name: _____

Address: _____

Phone / Email: _____

8. Submission of Materials.

Your Claim Form and supporting documents can be submitted by either fax, mail or online.

<p><u>Fax to:</u></p> <p>215-563-9943</p>	<p><u>Mail to:</u></p> <p>Savitz</p> <p>Attention: Emeriti Benefits Center</p> <p>14th Floor</p> <p>1845 Walnut Street</p> <p>Philadelphia, PA 19103</p>	<p><u>Submit Online:</u></p> <p>(Available later in 2012)</p> <p>www.MyEmeritiBenefits.org.</p>
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9. Checklist

Before submitting this form, did you...

- ☐ Include proof of payment for all claims being submitted (for over-the-counter medications, please include the doctor's prescription or a printed Rx number on the health expense report)
- ☐ Complete all Plan Dependent information in Section 3?
- ☐ Sign and certify the Form in Section 6?
- ☐ Check the available balance in your Money Market Fund within your Emeriti Health Account?
- ☐ Retain a copy of this Form and all supporting documentation in the event that your claim requires additional information for processing?
- ☐ Include all three pages (1-3) of the QME Claim Form with your submission?

INSTRUCTIONS AND ADDITIONAL INFORMATION FOR QMEs

The accompanying Claim Form is used to submit claims for the reimbursement of Qualified Medical Expenses (“QMEs”), otherwise known as the Emeriti Reimbursement Benefit, under your (former) employer’s Emeriti Retiree Health Plan (“Plan”). Before you complete and submit the Claim Form, please read these Instructions and Additional Information carefully.

Instructions:

- **Review your Summary Plan Description (“SPD”):** In addition to the information provided in these Instructions, please read your SPD to determine your eligibility, or that of your Plan Dependents, to obtain a Reimbursement Benefit. You should refer to the Emeriti website for a list of reimbursable QMEs: <http://www.emeritihealth.org/individuals.php?title=What%20Qualifies>.
- **Complete the Claim Form:** Be sure to provide all information requested on the Claim Form. Make sure to provide the required information relating to “Early Availability” if you are relying on these plan provisions to establish eligibility for the Emeriti Reimbursement Benefit.
- **Substantiate your claims by providing proof of payment:** Be sure to substantiate your claim(s) by providing proof of payment. Please keep copies of the form you submit and all supporting documentation in the event that your claim requires additional information for processing.
- **Move sufficient assets to your money market investment option.** Claims are paid only from the assets in your Emeriti Health Account that are invested in the TIAA-CREF Money Market Fund investment option. Make sure that you have allocated sufficient assets in the Money Market Fund to cover the claim(s).
- **Sign the Claim Form:** Please make sure to read the certification in section 6 of the Claim Form and sign prior to submitting it.
- **Retain copies of all documentation and submit the Claim Form:** Your Claim Form may be submitted by fax, post, or online. Please refer to the addresses and fax number provided on the Form.

Additional Information:

Who is eligible for the Emeriti Reimbursement Benefit? As a Participant in your (former) employer’s Plan, generally, you are eligible for the reimbursement of QMEs incurred by you or your eligible Plan Dependents upon the **later** of (1) your attainment of age 55 and (2) your cessation of employment with a vested Emeriti Health Account balance. In certain limited circumstances, you also may qualify for reimbursements under your Plan’s Early Availability provisions. See below for information regarding eligible Plan Dependents and Early Availability.

Who qualifies as an eligible Plan Dependent? Reimbursement benefits are available for QMEs incurred by you and certain eligible individuals. Depending upon the terms of your Plan and your election, you may be eligible to receive reimbursement of QMEs incurred by your spouse, dependent (or non-dependent) domestic partner, dependent children and/or certain other dependent relatives. (As discussed below, if the eligible Plan Dependent is not considered a “dependent” under the Federal tax code, reimbursements of his or her medical expenses may be taxable distributions from the Plan.)

What expenses are reimbursable (“Qualified Medical Expenses” or “QMEs”)? Eligible medical expenses may include qualified medical expenses as defined under Internal Revenue Code Section 213(d), premiums for health insurance not provided by the Plan, premiums for long-term care insurance, or premiums for Medicare. Prepaid premiums, up to 12 months in advance, may be reimbursed; in such cases, you must submit an insurance statement that specifies your contracted premium amount for the year or for the defined coverage period for which you are requesting reimbursement. Expenses must be submitted for reimbursement within 12 months following the end of the calendar year in which the expense was incurred.

What is considered adequate proof of payment and substantiation of my claim(s)? An Explanation of Benefits (EOB) from your insurer, or a receipt of payment for the medical expense (or insurance premium) will substantiate your claim. The EOB or receipt must show the Date of Service, the Patient’s Name, the Service Provider’s Name, a description of the Qualified Medical Expense and the amount requested for reimbursement. For prescribed, over-the-counter medicines and drugs, you also must include a copy of the doctor’s prescription or a printed Rx number on the health expense receipt in order to comply with Section 9003 of the Affordable Care Act. Canceled checks or credit card statements are not acceptable proofs of payment.

Is there a limit to the amounts for which I can be reimbursed? While reimbursements of QMEs are drawn from your vested Emeriti Health Account balance, reimbursements are paid only from the available balance in your TIAA-CREF Money Market Fund. Therefore your Money Market Fund balance must be sufficient to cover the reimbursement of the QME claim(s) you are submitting. Visit www.tiaa-cref.org or call the Emeriti Service Center at 1-866-EMERITI (1-866-363-7484) to make sure you have an available balance in your Money Market Fund to cover the amount of your claim(s). If you do not have a sufficient available balance in that investment option, you may authorize a transfer in accordance with the TIAA-CREF rules for transferring money between funds.

Are reimbursements tax-free? Generally, reimbursements of QMEs, which you (the Participant) and your eligible Plan Dependents have incurred are paid from your Emeriti Health Account to you on a tax-free basis. In certain circumstances, if your Plan permits the reimbursement of QMEs incurred by a non-dependent domestic partner, the reimbursement may be treated as a taxable distribution and deemed income to you under current federal and state income tax rules. You should consult with your own tax advisor for information on the tax effects of reimbursements for QMEs incurred by your Plan Dependents.

How do I qualify under my Plan’s Early Availability provisions? You may be eligible for QME reimbursements under one of three Early Availability provisions of your Plan. If you are claiming eligibility under one of these provisions you must make this indication in Section 2 of the Claim Form and provide additional information, as described below:

- **Catastrophic Expenses.** Catastrophic expenses are QMEs incurred by the Participant and his/her eligible Plan Dependents, which exceed \$15,000 in the aggregate and were incurred during a single 12-month period. The Participant will be eligible for the reimbursement of the portion of these QMEs that exceeds \$15,000. The initial claim you make under this provision must also include substantiation of QMEs up to the \$15,000 threshold.
- **Terminal Illness or Injury.** Terminal illness or injury expenses are those which are incurred: (1) within one year prior to the date of the Participant or Plan Dependent’s death, or (2) within one year prior to, or at any time following, the date of certification by a physician that such individual has suffered an illness or injury expected to result in such individual’s death within five (5) years of the date of certification. Please be sure to provide the required certification by such individual’s physician, if applicable.

- **Post-employment distributions prior to age 55.** You may access up to \$5,000 in cumulative QME reimbursements prior to your attaining age 55 if you have separated from service (with a vested Emeriti Health Account balance). Any remaining vested balance (in excess of \$5,000) can be used for QME reimbursements after you attain age 55.

How are reimbursement payments made? Once your Claim Form is processed and claims approved, you will receive your reimbursement by mailed check or direct deposit. Checks are mailed to the Participant (Account Holder) at the address on record. Alternatively, reimbursement payments may be deposited directly into your checking account if you have authorized Savitz to do so when completing the Banking Information Form.

Please call **1-866-EMERITI** (1-866-363-7484), Monday through Friday, 9:00 a.m. to 5:30 p.m. Eastern Time, to update or confirm the address on record or to obtain a Banking Information Form.

Claims Status and Claims Denials: If your claim is denied, you will be informed by mail. You will be provided the reason for a denial and an opportunity to appeal or resubmit your claim. If you have any questions about your reimbursement claim, call **1-866-EMERITI** (1-866-363-7484), Monday through Friday, 9:00AM to 5:30PM Eastern Time. Later in 2012 you may also visit our benefits website 24/7 at www.MyEmeritiBenefits.org.