

# **VEBA HRA Enrollment Guide**





## Congratulations on Opening a VEBA

Voluntary Employees' Beneficiary Association

So, what's a VEBA? It's a great benefit! Your employer deposits funds into a VEBA, which is a tax exempt irrevocable trust arrangement, for you to use for current or future out-of-pocket healthrelated expenses. The VEBA doesn't replace your group health insurance plan. It works with your plan to provide additional coverage options. How great is that?



### Did you know that VEBA assets are protected from creditors?



### **Active Employees**

Use money in your VEBA to pay health plan deductibles, co-pays and coinsurance as well as prescription drugs and certain insurance premiums. Don't worry. If you don't spend all of the money in your VEBA by the end of the year, your balance will simply roll into the next year. You'll accumulate funds over time which means you'll have money to pay for health expenses when you retire.



### **Post-retirement**

Your employer can contribute funds to help you, your spouse and eligible dependents pay for medical expenses even after your retirement. That's pretty generous! Use your post-retirement VEBA funds to pay for medical premiums and long-term care premiums. Your employer can choose to make contributions throughout your working life or convert accumulated unused sick time, vacation, severance money, or other longevity-based benefits.



### **Tax Advantages**

VEBA is a tax advantaged account so you aren't taxed on your employer's contributions to it. Plus, your VEBA accrues interest that grows on a taxfree basis. Since VEBAs have to be used for eligible medical expenses, your distributions are tax free, too. So, let's get this straight: money goes in tax free, is invested tax free, and comes out tax free.



### **Full Coverage**

All medical expenses defined under IRS Code Section 213(d) are eligible under your VEBA including:

- Co-pays, prescriptions, and deductibles
- Dental, medical, and vision services
- Medicare Part B and D
- Premiums for long-term care insurance

	No VEBA	VEBA
Initial Deposit	+\$25,000	+\$25,000
Federal Income Tax (appx. 25%)	-\$6,250	-\$0
FICA Tax (appx. 7.65%)	-\$1,912	\$0
Amount you get	\$16,838	\$25,000



### **Online Services**

With BPAS, you'll find all of the tools to manage your account with the simple click of a mouse:

- Investment elections/ reallocate account balance
- Interactive banner messaging
- Fund fact sheets and prospectuses
- Online statements
- Statement on demand capabilities
- Online claim submission
- Claims status and history
- Plan documents
- Pertinent forms
- Educational materials
- Legislative information

### **Debit Card**

We offer debit cards as part of our standard service so accessing funds in your VEBA is easy. There are no administrative fees for the debit card. Simply pay for eligible expenses at the point of purchase just like it's a credit card. Funds are automatically paid to the provider out of your VEBA. No transaction fees. No waiting for a check.

### **A Few Guidelines**

- A VEBA may only be funded with employer dollars; employees may not contribute.
- You'll need to submit an insurance Explanation of Benefits (EOB) or itemized statement with a claim form to get reimbursed for eligible expenses.
- Funds in the accounts continue to grow until claims are processed and funds are withdrawn.
- Participants may submit claims for reimbursements one of four ways: Online, Mobile App, Fax, or US Mail.
- To ensure IRS compliance, 100% of claim requests are substantiated.
- We issue payments for eligible expenses to participants either through direct deposit or with a manual check.

### We Have Your Back

Your VEBA is administered by BPAS, a nationwide provider of retirement plan administration, actuarial, consulting, collective investment fund administration, and VEBAs. We are experts in one-stop solutions, leaders in innovative technology, and believe in hands-on service.

We're delighted to have you as a customer. We'll do everything we can to provide you with the best service in the industry and help ensure your experience with us is always positive. Throughout this guide, you'll find information about some of the key services and features to help maximize the benefits of your VEBA HRA. Feel free to reach out to us anytime you have questions or concerns. We're here to help.

## The Benny Card Makes VEBAs So Easy!

- It's automatic—funds are automatically sent from your VEBA to the provider.
- It's instant. One swipe and you're done!
- It's easy. Most expenses auto-approved so you don't need to follow up with documentation. (Keep your receipts because there may be expenses the IRS will require us to document.)
- It saves you money! No need to pay cash at the time of purchase or wait for reimbursement checks.
- It's in real time so you'll always know your balance. Check your balance often at bpas.com or on your smart phone or tablet.

Because you're enrolled in VEBA HRA, you'll be receiving the Benny™ Card. It's a quick and easy no-cost way to access your VEBA HRA funds. Plus, using the card to pay for eligible expenses lets you keep cash in your wallet.

Watch your mail. In the next few days, you'll receive two prepaid Benny cards at your home address. The cards will arrive in a special envelope that looks like this:





**Please don't throw it out!** If you or a family member throw away the cards mistaking them for a credit card solicitation, we will have to charge a \$5 VISA replacement fee for new cards. It has an expiration date on it. When it expires, we'll automatically send you a new one.

### It Works Just Like a Credit Card



When you use the Benny<sup>™</sup> Card at your pharmacy or doctor's office, funds are automatically pulled from your

VEBA to pay for qualified health expenses. No more writing checks or paying cash!

- Use your Benny Card for qualified health-care expenses, like:
- Prescription drug co-pays
- doctor's office, funds Health plan deductibles
  - Office visit co-pays
  - Coinsurance
  - Lasik surgery
  - Eyeglasses/contact lenses
  - Dental and vision services

Pay off your health care bills with the Benny™ Card, too. Simply write the Benny Card number on your statement for services you received in the plan year and send it to your health care provider. Then, send us a copy of the itemized bill from your provider or insurance carrier. (Sorry, it's an IRS requirement.)

### A Few Details & Tips About Your Card

- Available Balance. VEBAs are subject to fluctuations in market investments so you can only spend up to 90% of your balance with the Benny Card so you don't risk overdrawing the account. If an expense is more than your remaining balance, the card will be declined. If you need to access more than 90% of your VEBA, just complete a claim form and submit it to us online, through our free mobile app, fax, or mail. Visit bpas.com for more details on filing claims.
- Making a Large Purchase. Check your account balance before making a large purchase so you can split the cost. Use the Benny<sup>™</sup> Card for the exact amount on your Card, then pay the remaining amount separately.
- Three Words: Keep Your Receipts. The IRS requires that you use the Benny card only for eligible expenses under the VEBA HRA. While the card is "merchant coded" so it won't work at gas stations or restaurants, there may be times we'll need to see a receipt to verify the expense. For example, if you use the Benny card at the dentist, was it for a cleaning, which is an eligible expense? Or for teeth whitening, which is ineligible? If it's unclear, we'll send you a request for an itemized receipt so we can verify the expense. When you receive a receipt request, make sure you submit it to us as soon as possible to avoid having your card suspended.



**What's an itemized receipt?** According to IRS rules, an itemized receipt must include the merchant or provider name, patient name, description of the services received or item purchased, date of service, and amount charged. Canceled checks, handwritten receipts, card transaction receipts, or previous balance statements aren't considered itemized receipts.

## What's Covered

Maximize the Value of Your Reimbursement Account - Your VEBA HRA dollars can be used for a variety of out-of-pocket health care expenses. The following list is based on eligible and ineligible expenses used by Federal employees.

### Eligible Expenses

### BABY/CHILD TO AGE 13

- Lactation Consultant\*
- Lead-Based Paint Removal
- Special Formula\*
- Tuition: Special School/Teacher for Disability or Learning Disability\*
- Well Baby /Well Child Care
- Baby Electrolytes and Dehydration
- Pedialyte, Enfalyte

### DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

#### EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

### HEARING

- Hearing Aids and Batteries
- Hearing Exams

### LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees

reimbursement.

X-Rays

#### MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment\*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment\*
- Hospital Beds\*
- Mattresses\*
- Medic-Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes\*
- Oxygen\*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs\*

#### MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse
   (inpatient and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment\*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor transportation)\*

#### MEDICATIONS

- Insulin
- Prescription Drugs

#### OBSTETRICS

- Breast Pumps and Lactation Supplies
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees
   (reimbursable after date of birth)
- Pre- and Post-natal Treatments

#### PRACTITIONERS

- Allergist
- Chiropractor
- Christian-Science Practitioner
- Dermatologist
- Homeopath
- Naturopath\*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

#### THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs\*
- Hypnosis
- Massage\*
- Occupational
- Physical
- Smoking Cessation Programs\*
- Speech
- Weight Loss Programs\*

### Ineligible Expenses

Contact Lens or Eyeglass Insurance
 Cosmetic Surgery/Procedures

a prescription and the prescription is filled by a pharmacist.

Marriage or Career Counseling
 Swimming Lessons

The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased under your VEBA HRA unless accompanied by

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (\*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for

- Electrolysis
- Personal Trainers

### **Online Account Access**

With your HRA VEBA, you'll have access to online investment information and claims information at the click of a mouse. To get started with your online services, follow the easy steps below.

- 1. Go to **bpas.com** and choose the **Participant** Accounts tab, then **VEBA/115 Trust Account**.
- 2. Under Participant Login, select the link to access your account.
- 3. Enter your User ID which is your Social Security Number (SSN) without dashes
- 4. Enter your temporary password which is your date of birth (mmddyyyy)
- 5. Click Login. Once you login, the system will prompt you to create a new Username, Password, and a security question/answer for verification.

P	articipant Login	
Use	er ID	
Passv	vord	
if you need help to log Service - 1-800-530-12	in to your account, please contact Cu 172.	stomer
Forgot Your Passw	vord?	Login
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## **Easy Online Investment Elections and Allocations**

After logging into your account, select **Fund Election Change** from the Transactions tab. You'll see a list of investment options offered within your Plan. Simply enter your new desired percentage(s) next to each fund and click the Change Elections button. Be sure the total adds up to 100%. It's that easy!

Want to change the way your existing balance is allocated to match your new investment elections? Just select Rebalance from the **Transactions** tab and check the option for "Rebalance to match your current investment election percentages for future contributions."

All of your plan details are also readily available. Just select the Resource Center tab and scroll down to Plan Documents and Notices to find a link to your full Summary Plan Description.

## Accessing Online Claims and Balance Information

- 1. After logging into your account, select the **Account Summary** Tab and choose **BPASClaims** from the drop down menu.
- 2. Choose Access your Account
- 3. Create a security question and answer for your claims account and then **submit**.

Here you'll find everything you need to view your account balance, claims status and history, file claims, view summary information, update your profile and more. Remember, the claims Available Balance is calculated Total VEBA balance times 90% less previously paid claims.



## **Fast and Easy Online Claims**

- On the Home Page, simply select the **"I want to... File a Claim"** button or on the Home Page, under the Accounts tab, click File Claims link.
- Enter your claim information and upload the receipt on the form that appears and click **Add Claim.** The claim is then added to the **Claims Basket.**
- To submit more than one claim, click **Add Another Claim**, select the Account Type and complete the form and click Add Claim.
- When you have entered all claims into the Claims Basket, click **Submit**.
- The Claim Confirmation page will display. You may print the Claim Confirmation page as a record of your submission. If a receipt is required, you'll see the Upload Receipt link. Click on it and the Receipts Needed screen displays.
- For each claim that requires a receipt, click Upload Receipt on the far right and follow instructions. (Your receipt must be in pdf, jpg, or gif format.)
- The **Receipt Uploaded** confirmation appears: "Your receipt has been uploaded. You may upload additional receipts if needed until the claim is approved."



• After uploading, you may also click **View Confirmation** and print the form for your records.

NOTE: If you see a **Receipts Needed** link in the Message Center section of your Home Page, click on it. A listing of any Claims Requiring Receipts will appear.



Did you know you can set up recurring claims? File a claim just once and get reimbursements all year long! Just check the box for "Set up a recurring claim for this expense" when completing your online or manual claim form.

### **BPAS Mobile App. Take Us With You!**

Check your account balance, file claims, and even upload receipts using the camera on your phone. Download the free BPAS mobile app by searching BPASClaims from the app store or marketplace.

To activate the app, you'll need a unique username and password.

- Your username is your first initial, last name, and last 4 digits of your SSN
- Your temporary password is your first name, the 2-letter abbreviation for the state you live in, and the last 5 digits of your SSN.

You'll then be prompted to create new password and a 4-digit PIN. The 4-digit PIN is all you'll need to use the app going forward.

HOME ACCOUNTS PROFILE NOTIFICA	TIONS FORMS LINKS	REBECCA HILL <del>-</del>   <u>Loqout</u>		BPAS Claims		••••• AT&T 奈 Q bpasclaims	3:15 PM	
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I Want To File A Claim Manage My Expenses	Available Balance HRA \$4,56	0 2.48				TP_2 TP_Vear2013 TP_1 TP_Year2013 HRA 2013 2013 HRA	\$496. \$580.0 \$1,000.0	68 • • • • • • • • • • • • • • • • • • •
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## **A Few Common Questions**

### How do I view my claims history and status?

On the Home Page of the Claims portal, click on **Available Balance** and then select the claim amount in the **Submitted Claims** column for the applicable account you would like to view claims history for.

### How do I view my payment (reimbursement) history?

 On the Home Page of the Claims portal under the Accounts tab, click **Payment History** on the dropdown menu. You will see reimbursement payments made to date, including debit card transactions.



2. Click **View Detail** to see claim details.

### How do I report a debit card missing and/or request a new card?

- 1. On the Home Page of the Claims portal, under the **Profile** tab, click **Debit Cards** on the drop-down menu.
- 2. Under the Actions column on the Debit Cards form, click **Report Lost/Stolen or Order Replacement**.

### How do I get my reimbursement faster?

The fastest way to get your money is to **sign up for direct deposit** to your personal checking account. To sign up online:

- 1. On the Home Page of the Claims Portal, under the Accounts tab, click **Change Payment Method** on the drop-down menu.
- 2. Select **Direct Deposit** and click **Change Payment Method**. The Add Bank Account: Direct Deposit Setup page displays.
- 3. Enter your bank account information, and click Submit.
- 4. The Payment Method Changed confirmation displays.

You may also complete and submit a direct deposit form (found in this brochure). You only need to complete the form once. All subsequent reimbursements will then be direct deposited.

### How do I obtain information on the plan's fund options?

The participant website has a wealth of information about the investments available in your Plan. From the **Fund Information** tab, select:



Fund Links. Each

investment option is displayed with the ability to view:

- Historical prices
- Fund fact sheets
- Prospectus
- Additional research

**Fund Information.** This option provides the performance for each fund offering in the plan. You may view each **fund's prospectus by clicking the P next to the fund name**. You

may view an online chart by clicking the C next to the fund name. Anytime you see a fund name underlined in blue

						c	lick the fund na	me to view Fun	J Fait Shee
Fend			Through	Tetal	3Ne Totel	Total		Ann.	100
IMERICAN FUNDE EUROPACEIC RA	2	e	82/28/2004	5.71%	3.29%	19.12%	6.80%	17.37%	8.501
AMERICAN FUELDE MONEY MICTALS	<b>1</b>	6	62/28/2004	4.00%	0.00%	0.00%	0.00%		0.007
BLACKROOK INFLATION PROTECTION	2	6	42/28/2004	0.55%	0.89%	-5.63%	3.35%	5.67%	5.229
CALANOS ORDINTH FUND	<b>1</b>	6	82/28/2004	6.18%	5.99%	33.45%	9.49%	22.89%	6.78%
DODGE & COLINICOME FUND	<b>1</b>	6	42/28/2014	0.95%	2.25%	2.58%	4.82%	7.85%	5.195
DODGE & COLSTOCK FUND	<b>1</b>	8	82/28/2004	4.51%	3.85%	32.89%	15.89%	25.57%	7,44%
DREYTUS S & P 503 INDEX FUND	<b>1</b>	6	42/28/2004	4.54%	3.39%	24.72%	13.82%	22.45%	6.699
FEDERATED CAPITAL APPRECIATION	<b>1</b>	8	45/35/2013	3.83%	11.52%	7.57%	7.32%	2.26%	6.725
REGUTY LOW PRICED STOCK	<b>1</b>	6	42/28/2014	4.37%	2.60%	28.59%	15.29%	25.95%	10.179
KEELEY BMALL ONP MILLIE	<b>1</b>	8	42/28/2004	4.24%	0.40%	23.53%	13.33%	25.80%	10.34%
LORD ABSETT MD CAP STOCK	<b>1</b>	6	42/28/2014	5.12%	5.32%	23.14%	11.00%	23.32%	7.299
WANSTAT HOH TIELD COPP BOND	2	8	42/28/2004	1.70%	2.64%	6.74%	0.34%	15.61%	7.32%
WASTER DEMAND ACCOUNT	12	10	89/28/2012		0.02%	0.125	0.17%	0.56%	

text, you can click on it to view performance information, expense ratios, and links to the fund fact sheet and prospectus.

### What does it mean if funds in the plan have trading restrictions?

Many mutual-fund companies have introduced trading restrictions to discourage short-term trading. When requesting a change to how your existing account balance is invested, the website will indicate which funds involve a trading restriction. If you recently submitted a transfer or rebalance request that resulted in a trading restriction, the fund that is temporarily restricted from future transfers will appear in red, reflecting the number of days remaining before a subsequent trade (or opposite way transfer request) can be made. If you have a pending trading restriction on one or more funds, you can still transfer other portions of your account by using the "Fund-to-Fund Transfer" option.

#### How do I change the way my account balance is invested?

The **Transactions** tab contains two methods for you to change how your existing account balance is invested.

1. Fund-to-Fund Transfers allows you to transfer money from one

investment option to another. Click the arrow next to the transfer option you desire (transferring out a dollar amount or a percentage). Select the fund from the drop-down menu that you wish to transfer



money out of, and then indicate the percent or dollar amount you want to transfer. Now input the percentage(s) amongst the new fund(s) you wish to transfer this amount into (it must add up to 100%). Click Submit Transfer to verify your request. Then, click Confirm. Note: This change will only affect how your existing account balance is invested; it will not change how your future contributions are invested in your account.

2. **Rebalance** allows you to a) Provide specific percentages for each asset; or b) Rebalance to match your current investment election percentages for future contributions.

Click the **radio dial** next to the rebalancing method you choose. If you elect to rebalance by providing specific percentages for each asset, enter your new desired percentages next to each fund in the table below. The total must add up to 100%.

If you choose to rebalance to match your current investment election percentages, those percentages will automatically be entered into the "Change To" column in the table.

If you'd like your existing account balance to be automatically rebalanced to these percentages, scroll down and click the box next to Automatically Rebalance My Account. Then click the radio dial next to the frequency in which you would like your account to be automatically rebalanced and click Submit Automated Rebalance to confirm your request. Note: Using the account rebalancing option will trigger a new set of trading restrictions initially, and whenever your account is rebalanced. As a result, some participants choose to use annual rebalancing rather than quarterly.

#### How do I receive copies of prior participant statements?

Statements will be mailed to your home address quarterly. To obtain a copy, select **Resource Center** from the Resource Center tab. Statements are organized by plan year under the Quarterly Statements section.

#### How do I reach the BPAS for additional assistance?

Call our highly-trained Customer Service team for help at 1-855-404-VEBA(8322). You'll speak with a live person Monday through Friday from 7 am to 5:30 pm CT.

You can also access the BPAline 24 hours a day, 7 days a week. Just dial 1-800-530-1272. When prompted, enter your Social Security Number and Personal Identification



Number (PIN). Initially, your PIN is the last 4 digits of your Social Security Number. **We strongly urge you to change the assigned PIN as soon as possible.** Your PIN is confidential and protects the security of your account.

#### What if I forget my PIN?

You may request a new PIN through the system. When you call 1-800-530-1272, enter your Social Security Number. The system will ask you if you have lost or forgotten your PIN. Your new PIN is assigned and will be sent to you in a confidential letter. You will not be able to access the system until you receive your new PIN (approximately 5 business days). If you don't enter a correct PIN within 4 tries, BPAline locks your account. Contact Customer Service at 1-866-401-5272 to reset your account.

# Why do I need a release form for you to speak with my spouse or family member?

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was created to protect your health information. HIPAA was later expanded to safeguard individually identifiable information, called protected health information or PHI. PHI includes names of health care providers, dates of service, etc. So, under HIPAA, we can only discuss PHI with the individual patient and/or primary plan member unless you authorize us in writing to share the information with someone else, like your spouse. So, even if you tell us that it's OK to share PHI with your spouse, we can't legally discuss any information with him/her unless you sign the authorization. For your convenience, we've included an authorization form with this enrollment kit.



### Health Reimbursement Arrangement (HRA) Request for Reimbursement

Just login to your account at <u>bpas.com.</u> It's fast and easy!

Did you know you can skip the paperwork and request reimbursement online?

Mail, fax or upload completed form and receipts to BPAS at: 820 Gessner, Suite 1225, Houston, Texas 77024 Fax: (866) 254-2942 | <u>www.bpas.com</u> Need help? Call us toll free at 855-404-8322 (VEBA)

#### 1. PARTICIPANT INFORMATION

LAST NAME ( <b>REQUIRED)</b>	FIRST NAME	MI	Participant Social Security	No. (SSN) or Secondary ID #
MAILING ADDRESS	□ Check here if new address CITY		STATE	ZIP
DATE OF BIRTH	E-MAIL ADDRESS (home or personal recommended)   Check here if	new email ad	dress AREA CC	DDE and PHONE #

**EMPLOYER NAME** 

#### 2. PATIENT (COVERED INDIVIDUAL) INFORMATION (REQUIRED)

**NOTE**: Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA) requires HRA and MERP Plans to report specific information about Medicare beneficiaries covered under these types of plans. Your claim will be automatically denied if you do not fully complete this section.

A. This claim is for:	<b>B.</b> Complete this section if claim is for a covered	individual other than yourself:
□ Myself □ Spouse □ Qualifying Child □ Qualifying Relative □ Other:	First Name MI	Last Name
	Date of Birth (mm/dd/yyyy) Gender SSN	
C. Are you separated or retired from the employer that made, or is making contributions to this account?	D. Is the covered individual for this claim current enrolled in Medicare Part A or Part B? □ No	ly, or have they ever been I Yes (complete the following)
☐ Yes, my date of separation or retirement was:	Name (exactly as it appears on SSN or Medicare Card)	Medicare Claim No. (HCIN)
	Medicare Part A Effective Date (if applicable)	Medicare Part B Effective Date ( <i>if applicable</i> )

#### 3. EXPENSES The expense(s) listed below are for: Reimbursement Debit Card Substantiation Only Description of Service(s) Received (e.g., deductible, Date(s) Service co-pay, out-of-pocket, prescription (RX), Services Provided By dental/ortho, vision, insurance premium, etc.) **Recurring Expense** Received Amount □ No □ Yes \$ \$ □ No □ Yes \$ □ No □ Yes

TOTAL for this covered individual

\$

### 4. DIRECT DEPOSIT AUTHORIZATION

I authorize BPAS to initiate credit/debit entries at the Depository named below. This authority will remain in full force and effect until BPAS has received written notification from the account signatory in such time and manner as to afford BPAS and Depository a reasonable time to act upon it.

Exact Name on Account		YOUR NAME 1234 Main Street Anywhere, OH OOOOO	041E
Bank Name		PAY TO THE ORDER OF	\$
Transit Routing Number		1 KOLLO7 23 24 11 KOOD 1 234 55 77	19 11 CLES 1
Account Number		ROUTING ACCOUNT	СНЕСК
Account Type	Checking Account Savings Account	NUMBER NUMBER	NUMBER

#### 5. PARTICIPANT SIGNATURE

I hereby certify that the information provided in this claim request is true and correct and the submitted claim is not reimbursable from any other source.



**REMEMBER: You** <u>must</u> include an itemized receipt for each expense! If your plan permits for reimbursement of Individual Premium expenses and this claim is for a recurring reimbursement of such expense, you <u>must</u> include a copy of the schedule/declaration page from your insurance company with this form.



### Information Release Authorization

When completed, mail, fax or upload this form to BPAS at: 820 Gessner, Suite 1225, Houston, Texas 77024 Fax: (866) 254-2942 | <u>bpas.com</u>

#### Questions? Call us toll free at 1-866-401-5272

This form allows BPAS to release information related to your reimbursement account to the specific person(s) designated on this form (such as a spouse, family member, someone else closely involved in your medical care or an unrelated third party). Completion of this form will allow BPAS to communicate with such individual(s) who may contact us on your behalf. Related information includes account balance, payment amounts, date paid, and information specific to receipts received. The designated person(s) will be required to provide specific identifying information and should indicate there is a signed authorization form on file.

### 1. PARTICIPANT INFORMATION

LAST NAME	FIRST NAME	MI	Participant Social Security No.	(SSN) or Secondary ID # (REQUIRED)
MAILING ADDRESS	Check here if new address	CITY	STATE	ZIP
DATE OF BIRTH	E-MAIL ADDRESS (home or persor	nal recommended) 🗆 Check he	ere if new email address	AREA CODE and PHONE #
EMPLOYER NAME				
2. DESIGNEE INFORMATIO	ON			

FIRST DESIGNEE: LAST NAME	FIRST NAME	MI		
MAILING ADDRESS		CITY	STATE	ZIP
DATE OF BIRTH Relationship			AREA CODE and PHO	NE #
SECOND DESIGNEE: LAST NAME	FIRST NAME	MI		
MAILING ADDRESS		CITY	STATE	ZIP
DATE OF BIRTH	RELATIONSHIP		AREA CODE and PHO	NE NUMBER

I understand that this voluntary authorization will stay on file and will not expire until I send a written request to revoke this authorization to the address or fax number above. I understand that I may revoke this authorization at any time by notifying BPAS in writing. BPAS may take action in reliance on this authorization prior to receipt of my written revocation of this authorization. Therefore, I understand that changes will not be considered applicable before BPAS receives the revocation.



## **Questions? Reach Out.**

p: 855-404-VEBA e: reimbursements@bpas.com bpas.com





BPAS offices in: Rochester, Syracuse, Utica, and New York, NY | Philadelphia, and Pittsburgh, PA | Houston, TX | E. Hanover, NJ | San Juan, PR