LiUNA!
WISCONSIN LABORERS' HEALTH FUND
Feel the Power

4633 LIUNA WAY, SUITE 201
DE FOREST, WI 53532-2510
TELEPHONE: 608-846-1742
TOLL FREE: 800-397-3373

WISCONSIN LABORERS' HEALTH FUND

Health Reimbursement Account (HRA) Request for Reimbursement Form

Participant Information

Participant's Name - Please Print | ID Number

Address | City | State | Zip Code

HRA Expense Claims Attach appropriate receipt(s) for each expense listed below when submitting form; please see the reverse side of this form for more details on what to provide. **Requests for reimbursement must total a minimum of $100 (subject to the annual exception described on the following page)**

Date Expense Incurred	Service Provider	Expense Description	Person for Whom Expense Incurred	Expense Amount
				$
				$
				$
				$
Total HRA Claim				$

Participant Authorization By signing below, I certify that all services for which reimbursement is requested on this form were provided while I was eligible for coverage under the HRA and were for me or my eligible dependents, as defined by the Plan. No expenses incurred before coverage begins are covered under the HRA. Further, I certify that the eligible expenses have not been otherwise reimbursed, nor will they otherwise be reimbursed, through any other source, have not been paid or are not eligible for payment on a pre-tax basis, and have not been taken, nor intend to be taken, as a tax deduction. I understand that the Internal Revenue Code permits reimbursement only for eligible health care expenses. I understand that I alone am fully responsible for the sufficiency, accuracy, and truthfulness of all information relating to the claims on this form and that I am liable for payment of expenses and that if an expense is not eligible for reimbursement under the Plan's HRA, I am liable for payment of all related taxes on amounts paid by the Plan that relate to these expenses.

Participant's Signature | Date

Claim Submission

Mail completed form and any required documentation to: Wisconsin Laborers' Health Fund
4633 LIUNA Way, Suite 201
De Forest, WI 53532

Claim and Reimbursement Procedures

To receive reimbursement for eligible expenses, you must submit this written form, with the required supporting documentation, to the Plan in accordance with the Plan's claim procedures as described in your Summary Plan Description. Reimbursement is paid directly to you; you are responsible for paying providers.

While you can submit requests for reimbursement at any time, **the Plan requires that any requests for reimbursement be for a minimum of $100.** Therefore, you generally have to hold your requests for reimbursement until you have at least $100 in eligible expenses. However, you may request reimbursement of claims totaling less than $100 once per year, if your total claims for the year are not going to reach the $100 minimum. In addition, the amount reimbursed for any eligible expense will not exceed your HRA balance at the time reimbursement is requested. However, in the event your Plan coverage ends, you may submit eligible expenses totaling less than $100 to close out your HRA. You must file a written claim for reimbursement with the Plan within one year of the date of the expense or your claim will not be accepted and will be denied.

Along with this form, you must provide the following, as applicable:

It is a good idea to make a copy of all materials you submit for your records. Materials you submit will not be returned to you.

- An itemized bill from the service provider that includes the name of the person incurring the charges, date of service, description of services, name of provider, and amount of charge.
- An Explanation of Benefits (EOB) from any coverage (including any EOB from this Plan) when requesting reimbursement of the balance of charges for which coverage is available plus original receipts verifying payment. Only eligible expenses that have not been reimburses and that cannot be reimbursed from another source, as shown on the EOB, will be eligible for reimbursement.
- Proof of the amount, date paid, and coverage period when requesting reimbursement for other insurance premiums, such as a spouse's group health coverage premiums and verification that the premium was not paid or eligible for payment under an IRC Section 125 Plan. Additional documentation is also required for reimbursement of premiums under a qualified long-term care contract.
- A receipt and proof of purchase or rental for covered items (such as for crutches or wheelchairs).
- Any additional documentation requested by the Plan.

Reimbursements for long-term care expenses, reimbursements for premiums for fixed indemnity, cancer and hospital indemnity insurance and reimbursements for expenses that could be reimbursed through a section 125 cafeteria plan are not allowed.