



NORTHEAST CARPENTERS FUNDS

HRA Reimbursement Form

Member's Name

ID #

Address

City, State, Zip Code

Telephone Number

Check type of reimbursement applied for:

☐ Medical Expense ☐ Dental Expense ☐ Vision/Optical
☐ Post-Tax Medical Insurance Premium (Medical, Dental or Vision)

If you have other insurance, check the type below:

☐ Dental ☐ Vision ☐ Medical (other than NCF)

If you have other insurance, please attach a copy of your ID card for your HRA file.

Reimbursements: Per the IRS, the HRA fund is the payer of last resort. All other insurances must be exhausted first. **You are limited to one form submission/member/month.** Use one form for the entire family and attach unlimited, **original** receipts. You must submit **PAID** detailed bills and corresponding Explanation of Benefits (EOB) if applicable from Insurance showing dates of service, patient name, and diagnosis **along with a receipt showing proof of payment.** NO PHOTOCOPIES OR FAXES will be accepted, original bills, Explanation of Benefits and original paid receipts only. **Claims will be paid or denied thru Pro-Flex once a week.** Paper claim submissions must total a minimum of \$100.00 (except for January and July when the minimum total can be less than \$100.00). You need a minimum HRA balance of \$2,000.00 to activate your HRA fund. **Once activated, HRA money can be used for any Eligible Medical Expense. The Board of Trustees has approved HRA money can be spent down to \$ 0.00 effective 7/1/18.** As a reminder, per IRS guidelines, only Post-Tax insurance premiums are eligible for reimbursement from the HRA. Post-tax means that the insurance premiums are deducted after taxes are taken from your gross wages. Submit pay stubs showing deductions for medical premiums or a letter from the employer verifying the post-tax health insurance premiums including the cost to the employee.

Timely filing is required: You have one year from the date of service (DOS) to submit a bill.

FRAUD WARNING: Any person who knowingly files a claim containing any false information is subject to criminal and civil penalties. I hereby certify that the paid expenses submitted are for my-self, my legal spouse, or my legal dependent and we are not covered under any other insurance policy that has not been declared.

Member's Signature _____ Date: _____

*Revised 03/01/19 Download form at ncf.carpenters.fund

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