Retiree Medical Allowance Claim Form

Peabody

RETIREE INFORMATION

Employee Name:		Address:	
Company:			
Last 4 Digits of your Social Security #:		Has your address changed?	Yes: ◯ No: ◯

ELIGIBILITY CHECK

Please review the below table before making your selections, as your Eligibility effects which items are eligible under your RMA

Eligible for Reimbursement	If Medicare Eligible	If Contributing to HSA	If Non-Medicare Eligible
Medical	X		X
Dental	X		X
Vision	X		X
Prescriptions			X
Premiums	X	X	X

HEALTH CARE EXPENSES

WHO IS THE SERVICE/PREM FOR?	MEDICARE ELIGIBLE **If marked yes, RX's are not eligible	CONTRIBUTING TO HSA **If marked yes, only Premiums are eligible.	TYPE OF REQUEST ** M=Medical, Rx=Prescription, D=Dental, V=Vision, PREM=Premium.	DATES OF SERVICE/COVERAGE **MM/DD/YYYY** FROM:	TO:	AMOUNT OF CHARGE
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
	☐ Y ☐ N	☐ Y ☐ N	☐ M ☐ D ☐ V ☐ RX ☐ PREM			
					Total Health Care Expenses Requested	

***EXPLANATION OF BENEFITS (EOB) MUST ACCOMPANY ALL CLAIM FORMS FOR OUT-OF-POCKET EXPENSES.**

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's Cafeteria Plan. The undersigned participant in the Plan understands that expenses are "incurred" when a service is performed or care is provided, not when the bill is paid. The undersigned certifies that all expenses for which reimbursement or payment is claimed on this form were incurred on the dates of service stated above. The undersigned fully understands that he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including Federal, State, or City income tax on amounts paid from the Plan which relate to such expense.

RETIREE SIGNATURE: ______________________________ DATE: ______________

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GUIDELINES FOR CLAIMS SUBMISSION

- Each line should specify the person eligible for reimbursement and one type of service or premium.
- An Explanation of Benefits (EOB) is required for reimbursement of any Medical, Dental and/or Vision expense.
- Premium reimbursements require a copy of the statement/invoice or payment voucher from the Insurance carrier.
- If you are Non-Medicare eligible we will accept an RX tag for prescription reimbursement.

RETIREES WHO ARE CONTRIBUTING TO AN HSA

Be Aware of IRS Limitations When Using a HSA and RMA

If you choose to contribute to a HSA in a given year, there are some IRS restrictions around the type of expenses you can receive reimbursement for from the RMA and your HSA:

- You can receive reimbursements for eligible premium costs from your RMA, but not out-of-pocket expenses (which are eligible for reimbursement from the HSA).
- You cannot use your HSA to be reimbursed for premium costs (with the exception of COBRA) until you are age 65.

Because of the new annual RMA reimbursement limits, you will want to take a close look at how you use your HSA and RMA to pay for eligible expenses.

- *This information does not include all rules for the plan or HSA; we encourage you to consult your tax advisor to ensure accuracy in filing your taxes with respect to HSA contributions and distributions.*

TO SUBMIT A CLAIM

Submit your claim electronically through the Paylocity Employee Portal.

Submit your medical claim on our mobile app, (available on App Store or Google Play), or

Send your claim form along with all supporting documentation directly to Paylocity via a secure email: batinfo@paylocity.com, fax: 314.909.6983 or mail: 10805 Sunset Office Drive, Ste. 401, St. Louis, MO 63127

CLAIMS PROCESSING DEADLINE

Tuesday at 3:00 p.m. CST; 1:00 p.m. PST. Paylocity issues checks on Thursday.

