MIDWEST OPERATING ENGINEERS
FRINGE BENEFIT FUNDS

PENSION TRUST FUND • WELFARE FUND • RETIREE WELFARE PLAN
VACATION SAVINGS PLAN • RETIREMENT ENHANCEMENT FUND

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MIDWEST OPERATING ENGINEERS
RETIREE MEDICAL SAVINGS PLAN (RMSP) ACCOUNT
REIMBURSEMENT REQUEST FORM

Use this form to request reimbursement from your RMSP account for eligible expenses. This form may be used by retired members, surviving spouses, and eligible RMSP beneficiaries. Named beneficiaries may request reimbursement for single or family premiums and their own eligible expenses. **Claims must be received by the Fund Office within one year of the date of service**. Submitted documents will not be returned, so please keep copies for your records. See the back of this form for a simple reimbursement guide.

Member/Beneficiary Name: _____ MOE ID: _____

Address: _____ Date of Birth: _____

What You Need to Know Before Filing a Claim:

- For deductible or copay reimbursement from another group healthcare plan, provide an itemized, paid-in-full receipt showing the patient's name and date of service. Include the primary Explanation of Benefits (EOB), if applicable.
- For Medicare Premiums – Submit documentation based on your payment method:
  - **Annual:** SSA-1099 showing total Medicare premiums deducted for the year
  - **Monthly through Social Security:** Social Security Award Letter **and** monthly deposit statement showing the amount received after the premium deduction
  - **Paid directly to Medicare:** Medicare Premium statement proof of payment receipt from Medicare.gov
- **RWP Participants: This form is not required** for deductible, copay, or coinsurance reimbursement. Elect reimbursement during the Annual Election Period.

Expenses Submitted for Reimbursement – Please check all that apply

- ☐ Premiums for another group healthcare plan
- ☐ Medical and prescription drug deductibles, copays, and coinsurance
- ☐ Other medical, dental, or prescription expenses not payable under another plan
- ☐ Medicare plan premiums
- ☐ Medicare supplement premiums ("Medigap")
- ☐ Tax-qualified long-term care insurance premiums, nursing care, home health care, or hospice care expenses

I authorize the Welfare Fund to reimburse me from my RMSP account for the eligible expenses listed above, up to my available account balance. I certify that the expenses were incurred by me and/or my eligible dependent(s), reflect the actual amounts charged, and have not and will not be deducted on my individual income tax return. Payments will be made only to the member or beneficiary at the address on file and cannot be assigned to another party.

_____ _____

Member/Beneficiary Signature Date

Use the outline below to help guide you in determining which RMSP reimbursement options and requirements apply to you. If you have any questions, please contact the Member Services Group at 708-579-6600.

Participant Categories			
	Retired Member or Surviving Spouse with RWP Coverage	**Retired Member or Surviving Spouse without RWP Coverage**	**RMSP Beneficiary Confirmed by MOE Death Benefit Coordinator**
Eligible for Reimbursement	Retiree and eligible dependents	Retiree and eligible dependents	Beneficiary only
Proof of Retirement	N/A	Pension receipt from another employer or entity	N/A
Expenses Eligible for Reimbursement	• Single or family premiums for another group health care plan • Medicare Plan premiums (Part A, B, C, or D) • Medicare Supplement Plan (Medigap) • Prescription hearing aids • Toric lenses and/or laser add-on • Medical and prescription drug deductibles, copays, and coinsurance* • Eligible dental expenses, limited to charges over the plan's limits and exclusions** --- **Reimbursement may be elected during the Annual Election Period.* ***Submission of the RMSP Reimbursement Request form is not required.*** ***Must first be submitted to Delta Dental.*	• Single or family premiums for another group health care plan • Medicare Plan premiums (Part A, B, C, or D) • Medicare Supplement Plan (Medigap) • Medical and prescription drug deductibles, copays, and other expenses not payable under another plan • Eligible dental expenses	• Single or family premiums for another group health care plan • Medicare Plan premiums (Part A, B, C, or D) • Medicare Supplement Plan (Medigap) • Medical and prescription drug deductibles, copays, and other expenses not payable under another plan • Eligible dental expenses
Expenses Ineligible for Reimbursement	• Expenses that are not tax-qualifying • Dental copays • Dental coinsurance	• Expenses that are not tax-qualifying	• Expenses that are not tax-qualifying