

**INSTRUCTIONS: You must complete ALL Sections (A-D) on the Health Reimbursement Account (“HRA”) Claim Form (“Form”). A separate Form must be completed for each Patient (e.g. one for yourself, your spouse, and each dependent child). Please read the Program Summary before submitting your Form.**

**SECTION A – Participant Information**

<b>Name:</b>		<b>Last 4 Digits Social Security Number:</b> XXX-XX-_____
<b>Mailing Address:</b>		
<b>Contact Phone Number:</b>	<b>Email Address:</b>	

**SECTION B – Patient Information (Individual this Form is for)**

**Name:**

**Relationship to Participant:**

Self

Dependent Spouse    Date of Birth \_\_\_\_\_

Dependent Child    Date of Birth \_\_\_\_\_

**On the Date of Service(s) the above named Patient (check one only):**

Had insurance under the Northern California Pipe Trades Health and Welfare Plan.

Had other Group Health Coverage (e.g. Spouse’s group health plan or parent’s group health plan).  
Complete the information listed below:

Employer Name: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

**SECTION C - Acknowledgment**

I understand that benefits shall be paid in accordance with the Health Reimbursement Account Plan eligibility requirements, the Internal Revenue Code and IRS guidelines, and limitations established by the Board of Trustees. I hereby certify that: (1) if the patient listed above is a Spouse or Dependent, he or she was eligible as a qualified Dependent under the terms of the Plan at the time that the expenses were incurred (see attached Eligibility Requirements); (2) information provided on this Form is true and correct; and (3) amount of this submitted claim is an accurate statement of my unreimbursed qualified expenses. I further acknowledge and agree that any claim submitted fraudulently could result in my termination from the Plan and/or other legal action. I have received, reviewed, and understand the Plan information provided.

**Participant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Administrative use only:**

Control ID:	Processing Date:	Disp:	Init:
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**What is a Health Reimbursement Account?**

The Health Reimbursement Account (“HRA”) program creates and maintains an individual account for each qualifying Plan Participant for whom Employer contributions are made under a Classification that provides HRA contributions. The primary purpose of your HRA is to enable you to build up an account balance that will be available to help pay health care premiums after retirement. Another purpose of the HRA is to help defray some of your eligible out-of-pocket health care costs.

**How will my HRA be funded?**

Each qualifying Participant will have an account based on hours worked under a Classification that provides HRA, multiplied by an Employer contribution rate determined by the Collective Bargaining Agreement.

**How will I be informed of my HRA balance?**

HRA information appears on your statement. Statements are scheduled to be mailed semi-annually.

**Eligibility Requirements**

- 1) You establish an account at the time you first work under a Classification that requires your Employer to contribute to the HRA on your behalf.
- 2) You become eligible after you gain Initial Eligibility in the Northern California Pipe Trades Health and Welfare Plan.
- 3) A Dependent under the HRA program is defined as a Federal Tax Dependent as reported on Form 1040 who is enrolled as your Dependent in the Northern California Pipe Trades Health and Welfare Plan or other qualified Group Health Coverage.
- 4) Claims for your eligible Dependent(s) may be eligible on the later of: (a) the date you become eligible; or (b) the date the eligible Dependent is enrolled in the Northern California Pipe Trades Health and Welfare Plan.
- 5) You and your eligible Dependent(s) **must** have been enrolled in an Employer-sponsored Affordable Care Act (“ACA”) compliant Group Health Plan (such as the Northern California Pipe Trades Health and Welfare Plan) and have been eligible for coverage under such health plan on the Date of Service. (Note: Being enrolled in an individual health plan such as Covered California would not be considered enrollment in an Employer-sponsored ACA compliant Group Health Plan and would not permit you to use the HRA or be eligible for the HRA).
- 6) Pursuant to ACA rules, any Participant with an HRA balance is permitted to permanently opt out of and waive future reimbursements from his or her account on an annual basis.
- 7) Upon termination of employment, either the remaining amounts in your account are forfeited or you are permitted to permanently opt out of and waive future reimbursements from your HRA.

As stated in the *Northern California Pipe Trades Health and Welfare Summary Plan Description / Plan Document*, Domestic Partners, Children of a Domestic Partner, and Dependents covered through legal guardianship are not eligible Dependents under the HRA. The *Summary Plan Description / Plan Document* and *Summary of Material Modifications* are available on the Trust Fund website at [www.ncptf.com](http://www.ncptf.com).

**Reimbursement can only be made for expenses that are incurred on or after the date you, your Spouse, and/or your Dependent(s) become eligible.**

**Maximum Benefit**

The maximum amount payable can never be more than the current balance in your HRA. If you submit a claim for approved expenses that exceed your balance, the unreimbursed amount of your claim will be carried forward and reimbursement may be made in January of subsequent years provided that you have funds in your account.

**What can I use the HRA for?**

The HRA may be used to reimburse you (your Provider cannot be paid directly) for eligible medical, dental, orthodontia, vision, hearing aid, or prescription expenses which would otherwise not be payable under the Northern California Pipe Trades Health and Welfare Plan, as permitted by IRS provisions, such as:

- ◆ All or part of any co-payments required or amounts in excess of usual, customary and reasonable limits, on covered services.
- ◆ Denied services (provided they are IRS approved medical expenses; see IRS Publication 502 at the following link: [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)).
- ◆ Prescription drug co-payments.
- ◆ Self-Payments, including COBRA and Retiree Health and Welfare premiums.
- ◆ Effective for expenses incurred on or after January 1, 2020, over the counter drugs without written prescription and certain menstrual products (defined as tampons, pads, liners, cups, sponges and similar products used by the individual with respect to menstruation or other genital tract secretions) pursuant to the CARES Act.

***Refer to the attached Summary of General Categories of Eligible & Ineligible Expenses.***

**What expenses are not allowed?**

Reimbursements made under the HRA are subject to IRS rules and regulations regarding the definition of expenses which may be included in medical expense deductions. The following is a brief list of expenses **not payable** under the HRA.

**Expenses not payable under the HRA include, but are not limited to, the following:**

- ◆ Expenses already covered under the Northern California Pipe Trades Health and Welfare Plan.
- ◆ Supplements (whether prescribed by a doctor or not).
- ◆ Life Insurance premiums, premiums for other insurance, etc.
- ◆ IRS Guidance provides that premiums for individual market coverage or insurance plans purchased from a state or federal Marketplace (also known as the Exchange such as Covered California) are not considered expenses eligible for reimbursement through the HRA. (This is because the Plan’s HRA is integrated with a Group Health Plan. It is not a stand alone HRA and cannot be integrated with individual plans).

*Refer to the attached Summary of General Categories of Eligible & Ineligible Expenses.*

**What is Acceptable Supporting Documentation?**

**IMPORTANT:** Not all health-related expenses qualify for tax-free treatment under Internal Revenue Codes (“IRC”). Only amounts that are paid specifically to reimburse qualified expenses as defined under IRC section 213(d) receive tax-favored treatment. Therefore, to provide certainty that a particular expense is for a qualified expense within the meaning of the IRC, all claims for expense reimbursements must be substantiated with supporting documentation.

**Documentation must include patient name, date of service, type of service, amount covered by insurance and amount paid out-of-pocket.**

Copies of credit/debit card receipts, check copies, or bank statement transactions without a supporting service statement are **not** acceptable documentation.

Balance Due Statements, Balance Forward Statements or Collection Notices without complete service details (patient name, date of service, type of service, amount covered by insurance and amount paid out-of-pocket) are **not** acceptable documentation.

Expenses that do not include acceptable documentation will be returned to the Participant for additional information. The expenses will not be reimbursed until the required information is received.

**It is important that you provide the proper supporting documents!**

<b>Type of Reimbursement</b>	<b>Documents Required</b>
Medical Co-payments	Copy of your Medical Co-payment summary or Explanation of Benefits (“EOB”) including copy of your eligible Dependent(s) EOB and Group Policy Number (if applicable).
Dental / Orthodontic Co-payments	Copy of Dental Explanation of Benefits (“EOB”). In the case of Orthodontic services, details of the treatment plan (duration, payment schedule, etc.) will be requested if not previously supplied.
Vision Co-payments	Copy of your Vision Plan itemized receipt showing your out-of-pocket expenses.
Prescription Co-payments*	Copy of the Pharmacy Insurance receipt reflecting the patient’s co-payment or a printout from your pharmacy.
Active Subsidized Self-Payments / COBRA	Copy of Northern California Pipe Trades Trust Fund Office payment stub and copy of check or money order made payable to NCPTTF.
Retiree Health and Welfare Premium Payments	Copy of Northern California Pipe Trades Trust Fund Office payment stub and copy of check or money order made payable to NCPTTF or copy of Northern California Pipe Trades Pension Trust Electronic Funds Transfer (“EFT”) Statement.

**\*Kaiser Prescription Co-payments** - Kaiser stopped including the patient’s name on their prescription payment receipts. Payment receipts that do not include the patient’s name are **not** sufficient documentation. An insurance receipt for prescriptions can be requested from Kaiser by phone, email, or by visiting any of the Kaiser locations. Contact information for each location can be found at [www.thrive.kaiserpermanente.org](http://www.thrive.kaiserpermanente.org).

**What happens if I cannot provide supporting documentation or my claim for reimbursement is denied?**

The same claims and appeals rights in the NCPT Health and Welfare Plan Rules apply to HRA claims denials. If your claim is denied, you can file an appeal pursuant to the Plan’s Claims and Appeals Procedures. Please refer to Article XXIV of the Summary Plan Description / Plan Document. For a copy please contact the Trust Fund Office.

**What happens to my HRA after I retire?**

You will still be able to use your HRA as you had before retirement, for you and your Eligible Dependents, including reimbursement of your Retiree Health and Welfare Premium Payments and your Medicare Part B and Part D Premiums.

**What happens to my HRA in the event of my Death?**

- 1) Eligible Surviving Dependent(s) (defined as a covered Eligible Dependent Spouse, Child or a Dependent within the meaning of IRC Section 152) will continue to have access to the account and receive reimbursements for related Qualified Expenses incurred under this Plan or another Group Health Plan. Claims must be submitted as soon as reasonably possible from the date of the Participant’s death. Effective January 1, 2020, claims for reimbursement by any Surviving Dependent(s) with qualifying medical expenses incurred under this Plan or another Group Health Plan can receive reimbursements until the remaining account balance is exhausted.
- 2) A deceased Participant’s estate may submit reimbursement of Qualified Expenses incurred before the date of death. Claims must be made within 6 months from the Participant’s date of death. Any remaining balance after the 6 months will be forfeited and revert to the Plan to be used for administrative expenses.
- 3) If a Participant has no eligible Surviving Spouse/Dependent(s) or estate, any unused balance will be forfeited and revert to the Plan to be used for administrative expenses.

**What happens if I have a small account balance?**

Effective January 1, 2020, for any account with a balance of \$10 or less, if no contributions are received for a 12 consecutive month period, the account will be permanently forfeited, and the balance will revert to the Plan to be used for administrative expenses.

**Am I allowed to receive cash benefits?**

NO. In no event will benefits be provided in the form of cash other than reimbursement for eligible expenses unless permitted by future Internal Revenue Code or Lawful regulations issued thereunder.

**Affordable Care Act Form 1095-B (Proof of Health Coverage Through HRA)**

If a Participant or Eligible Dependent is covered under the NCPT Plan’s HRA but is enrolled through another Group Health Coverage (other than the NCPT Health and Welfare Plan), he/she will receive a Form 1095-B pertaining to HRA coverage. (NOTE: There is no longer a federal individual mandate to have minimum essential health coverage. However, effective January 1, 2020, California created an individual mandate requiring California residents to have minimum essential coverage, otherwise pay a penalty to the State of California.) The Form 1095-B is intended to assist you in reporting your health coverage when you file your California income tax return.

**Processing Time**

Generally, reimbursements for eligible claims filed (with all necessary documentation) by the end of a calendar month, will be issued by the 15th of the next month. Please note, if you have an overpayment on file with the Northern California Pipe Trades Health and Welfare Plan, your reimbursement payment may be delayed. In addition, your HRA may not be applied towards your overpayment.

**Questions**

Contact Kaufmann and Goble Associates at 855/512-1170.

**Return completed Form and supporting document(s) by mail, fax or email:**

Mail:	Fax:	Email (PDF Format)
NCPT Health and Welfare Plan HRA Accounts	408/298-1180	HRA@kandg.com
160 W. Santa Clara Street, Suite 1550		
San Jose, CA 95113-1734		

**SUMMARY OF GENERAL CATEGORIES OF ELIGIBLE & INELIGIBLE EXPENSES**

**Note: The Expenses listed are subject to change. For additional details please refer to IRS Publication 502.**

**Summary of the General Categories of Qualified Expenses ELIGIBLE for Reimbursement**

- Acupuncture
- Alcoholism Treatment
- Ambulance Service
- Annual Physical Exam
- Birth Control
- Blood Tests
- Cardiographs
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Crutches
- Dental Treatments
- Dental X-Rays
- Dermatologist
- Diagnostic Devices (e.g. Diabetes Test Kits)
- Drug Addiction Treatment
- Eye Exam
- Eyeglasses / Sunglasses (Prescription)
- Eye Surgery
- Fertility Procedures
- Guide Dog or Service Animal
- Gynecologist
- Hearing Aid and Batteries
- Hospital Services
- Insulin Treatments
- Insurance Premiums that cover medical care
- Laboratory Fees
- Legal Fees (To Authorize Mental Illness Treatment)
- Lodging (Away From Home For Outpatient Care)
- Medicare B and D premiums
- Medical care in a nursing home
- Menstrual Care Products
- Metabolism Tests
- Nursing Services
- Operating Room Costs
- Ophthalmologist
- Oral Surgery
- Organ Transplant (Including Donor’s Expenses)
- Orthodontia / Braces / Invisalign
- Orthopedist
- Osteopath
- Over-the-counter Medicines and Drugs without a prescription
- Oxygen and Oxygen Equipment to Relieve Breathing Problem
- Physicians & Specialists
- Premiums for Health & Welfare Active / Retiree Self-Pay / COBRA
- Premiums for Long-Term Care Insurance
- Prescription Drugs
- Prosthesis
- Psychiatric Care
- Psychoanalyst
- Psychologist
- Qualified Long-Term Care Expenses
- Special Education
- Speech Therapy
- Sterilization
- Stop-Smoking Program
- Telephone or TV Equipment to Assist the Hearing Impaired
- Therapy Equipment
- Transportation Expenses (Essential to Medical Care)
- Vasectomy
- Vision Correction Surgery (LASIK)
- Weight-Loss Program (for specific disease diagnosed by a physician)
- Wheelchair
- Wig (hair loss due to disease)
- X-Ray for medical reasons

**Summary of the General Categories of Expenses NOT ELIGIBLE for Reimbursement**

- Baby Sitting, Childcare, and Nursing Services for a Healthy Baby
- Controlled Substances (such as marijuana)
- Cosmetic Surgery and Procedures
- Cosmetics, Hygiene Products, and Similar Items
- Dancing Lessons
- Diaper Service
- Electrolysis or Hair Removal
- Flexible Spending Account
- Funeral, Cremation or Burial Expenses
- Future Medical Care
- Hair Transplant
- Health Club Dues
- Household Help
- Illegal Operations and Treatments
- Insurance Premiums for Life Insurance, Income Protection, Disability, Loss of Limbs, Sight or Similar Benefits
- Maternity Clothes
- Medicine and Drugs from Other Countries
- Nonprescription Drugs and Medicines
- Nutritional Supplements
- Personal Use Items
- Swimming Lessons
- Teeth Whitening
- Veterinary Fees
- Weight-Loss Programs
- Premiums for Individual Insurance Coverage (including premiums subsidized by the Premium Tax Credit) purchased inside or outside of the Marketplace / Exchange, as prohibited under IRS Notice 2013-54