

ELECTRICAL WORKERS LOCAL 369

BENEFIT AND RETIREMENT FUND

906 MINOMA AVENUE
LOUISVILLE, KY 40217

PHONE: 502-635-2611
FAX: 502-637-3444
TOLL FREE: 800-427-2495

HRA FILING INSTRUCTIONS

Internal Revenue Service (IRS) regulations require that every HRA claim be substantiated or validated as an eligible, covered expense under the plan. This is required by the IRS – the Fund cannot make exceptions. Your claim must total a minimum of \$20 and you need to submit your claim within 12 months of the date the expense incurred. The following documents are needed to file an HRA claim:

Medical Claims

- Explanation of Benefit (EOB) from insurance carrier

Vision Claims

- Itemized bill from vision provider that includes:
 - Name of the eligible member or dependent
 - Date the service(s) were provided
 - Description of the service(s) or item(s) purchased and the expense/service charge
 - Proof of Payment

Dental Claims

- Itemized bill from the dental provider that includes:
 - Name of the eligible member or dependent
 - Date the service(s) were provided
 - Description of the services(s) provided and the expense/service charge
 - Proof of Payment
 - If you have dental insurance, please submit the Explanation of Benefit (EOB)

Pharmacy

- Itemized statement from the pharmacy or the actual prescription invoice (cash register receipts not acceptable)

*If you are not a member of Local 369, please send proof of insurance coverage (not needed if you send an EOB).

*Please note that credit card or cash receipts, cancelled checks and balance forward billing statements (unless itemized with the information above) are not considered adequate substantiation. For more information about your Health Reimbursement Account, go to www.irs.gov or contact the Fund Office at (502) 635-2611 or 1-800-428-2495.