

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.

*Please make sure to mark if you want us to mail the reimbursement check or pick-up at the Fund Office. If you choose to pick the check up at the Fund Office, please include your email address so that we may inform when it will be ready. The check must be picked up by the member (photo ID required).

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)

*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.