MAIL TO:
AGMA Health Fund & Retirement Plan
60 Boulevard of the Allies, 5th Floor
Pittsburgh, PA 15222

AGMA HEALTH FUND PLAN B

CLAIM FORM FOR MEDICAL EXPENSE AND MEDICAL INSURANCE PREMIUM REIMBURSEMENT

(SEE REVERSE SIDE FOR FILING INSTRUCTIONS)

PARTICIPANT INFORMATION

PARTICIPANT'S LEGAL NAME	BIRTHDATE __ __ / __ __ / __ __ __ __ (MM DD YYYY)	
PROFESSIONAL NAME	PERSONAL U.S. SOCIAL SECURITY NO. ☐☐☐-☐☐-☐☐☐☐	
ADDRESS __ indicates a change of address APT. NO.	E-MAIL	DAYTIME TELEPHONE NUMBER:
CITY	STATE / ZIP CODE	EVENING / CELL TEL. NO.:

PATIENT INFORMATION (A separate form must be completed for each family member)

PATIENT'S NAME	BIRTHDATE	RELATIONSHIP TO MEMBER (Are they enrolled?) ☐ SELF ☐ SPOUSE ☐ CHILD ☐ DOMESTIC PARTNER

IS THIS PATIENT COVERED BY A:

(1) MEDICAL PLAN ☐ **YES** ☐ **NO INSURANCE** **(2) DENTAL PLAN** ☐ **YES** ☐ **NO** **(3) VISION PLAN** ☐ **YES** ☐ **NO**

__ **Group Plan Employer & Carrier/Policy#**

__ **Individual Plan Carrier/Policy#** **(Carrier/Policy #) (Carrier/Policy #)**

I HAVE SUBMITTED ALL EXPLANATION OF BENEFIT VOUCHERS COVERING THE ENCLOSED EXPENSES ☐ **YES** ☐ **NO**

New Plan B Contributions may only be used to reimburse expenses for persons covered by the group health coverage that covers the participant.

PATIENT INFORMATION (you may use a separate page in the same format if additional space is needed but you must list the total and sign on this page)

PROVIDER NAME	DATE OF SERVICE	CHARGES INCURRED	OTHER REIMBURSEMENT	NET OUT-OF-POCKET EXPENSES
1				
2				
3				
4				
TOTAL				

How To File a Claim?

- Attach copies of proof of payment and all the itemized bills for the expenses incurred and the corresponding explanation of benefits (EOB) vouchers FROM ALL GROUP INSURANCE PLANS covering the patient(s).
- File a separate claim form for each family member; each form must be completed, dated and signed by the participant.

FAILURE TO FILE REQUIRED DOCUMENTATION AND/OR SIGN EACH CLAIM FORM WILL DELAY THE PROCESSING OF YOUR CLAIM, AND MAY CAUSE A DENIAL OF YOUR CLAIM.

THE FISCAL YEAR ENDS ON AUGUST 31; CLAIMS FOR EACH FISCAL YEAR (September to August period) MUST BE RECEIVED BY THE FOLLOWING FEBRUARY 28 FOR PROCESSING.

WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIAL FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERE TO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME PUNISHABLE BY FINE, IMPRISONMENT OR BOTH.

PARTICIPANT SIGNATURE REQUIRED PLEASE READ CAREFULLY Reimbursements are payable to participants only.

I HEREBY CERTIFY THAT EXPENSES CLAIMED HAVE NOT BEEN REIMBURSED AND ARE NOT REIMBURSEABLE UNDER ANY OTHER HEALTH PLAN COVERAGE. I HEREBY AUTHORIZE ANY INSURANCE COMPANY, PREPAYMENT ORGANIZATION, EMPLOYER, HOSPITAL, OR PROVIDER, TO RELEASE ALL INFORMATION WITH RESPECT TO MYSELF OR ANY OF MY DEPENDENTS WHICH MAY HAVE A BEARING ON THE BENEFITS PAYABLE UNDER THIS OR ANY OTHER PLAN PROVIDING BENEFITS OR SERVICES. I HEREBY CERTIFY THAT THE INFORMATION I HAVE PROVIDED IN SUPPORT OF THIS CLAIM IS COMPLETE, TRUE AND CORRECT AND THAT ALL CHARGES CLAIMED WERE THE AMOUNT BILLED. I FURTHER CERTIFY THAT I HAVE READ THE FILING INSTRUCTIONS AND THESE ITEMS ARE ELIGIBLE FOR REIMBURSEMENT.

_____ _____

SIGNED (Participant) **DATE**

FILING INSTRUCTIONS

How To File a Claim?

- File a separate claim form for each family member. Each member must also be enrolled with Plan B as a dependent.
- Attach all copies of proof of payment and the itemized bills for the expenses incurred and the corresponding explanation of benefits vouchers FROM ALL INSURANCE PLANS covering the patient(s).
- Each form must be completed, dated and signed by the participant.
- **Pre-tax medical premiums are not eligible for reimbursement.**

FAILURE TO FILE REQUIRED DOCUMENTATION AND/OR SIGN EACH CLAIM FORM WILL CAUSE A DELAY IN THE PROCESSING OF YOUR CLAIM, AND MAY CAUSE A DENIAL OF YOUR CLAIM.

IN ORDER TO QUALIFY FOR REIMBURSEMENT YOU MUST HAVE FUNDS AVAILABLE IN YOUR INDIVIDUAL ACCOUNT AND THE EXPENSE MUST MEET ALL OF THE FOLLOWING REQUIREMENTS

- It must appear in the list of **EXPENSES THAT CAN QUALIFY FOR REIMBURSEMENT.**
- It must be medically necessary.
- It has not and will not be reimbursed from any other source.
- The claim for reimbursement must be filed no later than **six months** after the end of the fiscal year in which the medical expense was incurred. The fiscal year ends on August 31. Therefore claims incurred in the twelve months prior to August 31 must be filed by February 28 of the following year.
- It must be documented with proof of payment and a detailed billing statement from the provider including the name, address, telephone number and tax identification number of the provider and nature of the medical services rendered.
- It must be rendered by a licensed provider as mandated by state law.

QUALIFIED OUTSIDE MEDICAL INSURANCE POLICY OR PLAN REIMBURSEMENT

The Medical Reimbursement program reimburses group insurance premiums and costs for other qualified group medical insurance plans that cover you and your dependents. You may be reimbursed for amounts you pay to be covered by medical insurance offered through your employer, or health insurance through your spouse's employer that requires an additional insurance premium to include you as a dependent. A "group" health plan is a plan sponsored by a union and/or an employer. Insurance plans obtained through the Marketplace or individual plans purchased directly from an insurer are not group health plans and the AGMA Health Fund may not reimburse you for premiums, coinsurance or copayments for such individual plans. Only premiums made on a post-tax basis are eligible for full reimbursement; pre-tax premiums are not eligible for reimbursement.

To be eligible for reimbursement, the group medical insurance policy or plan must provide you (and if applicable your dependents) with coverage for medical services such as hospitalization, surgery, x-rays, prescription drugs, etc. Premiums for medical insurance that do not include the Artist in the coverage do not qualify for reimbursement. Premiums for life insurance, accidental death and dismemberment insurance, loss of income insurance or automobile insurance are not covered.

In addition, the premium must meet all of the following requirements:

- It covers a policy that is in effect at the time the reimbursement is to be paid.
- You are covered by this policy.
- The claim for reimbursement must be filed no later than **six months** after the end of the fiscal year in which the medical expense was incurred. The fiscal year ends on August 31. Therefore claims incurred in the twelve months prior to August 31 must be filed by February 28 of the following year.
- It must be documented with proof of payment and a description of the medical coverage provided (i.e. a premium billing statement and a canceled check, and, in the case of coverage by your spouse's employer, proof that additional premium was paid for your coverage).

PARTIAL LIST OF EXPENSES THAT CAN QUALIFY FOR REIMBURSEMENT

- ABORTIONS
- ACUPUNCTURE
- AMBULANCE
- ARTIFICIAL LIMB
- BIRTH CONTROL PILLS
- CHIROPRACTORS
- CO-INSURANCE & DEDUCTIBLES
- DENTAL TREATEMENT
- EYEGLASSES, EXAMS, CONTACTS & SUPPLIES
- FERTILITY ENHANCEMENT
- HEARING AIDS
- HOSPITAL SERVICES
- LABORATORY FEES
- MEDICAL SERVICES
- MEDICINES
- NURSING SERVICES
- OVER-THE-COUNTER MEDICATIONS (with a prescription)
- PYSCHIATRIC CARE
- PYSCHOANALYSIS
- PSYCHOLOGISTS
- RECOVERY TREATMENT FOR SUBSTANCE ABUSE
- THERAPY (including physical therapy)
- TRANSPLANTS
- TRANSPORTATION (for medical appts.)
- WEIGHT-LOSS PROGRAMS
- WHEELCHAIR
- X-RAY FEES

PLEASE REFER TO YOUR BENEFIT BOOKLET FOR A COMPLETE DESCRIPTION OF THE MEDICAL REIMBURSEMENT PLAN

IF YOU HAVE QUESTIONS REGARDING YOUR CLAIM

Please contact the AGMA Health Fund Administration Office at 877-578-8703 or AGMAFunds@cdsadmin.com