

# REIMBURSEMENT INSTRUCTIONAL GUIDE

PLEASE KEEP THIS  
GUIDE IN A CONVENIENT  
LOCATION SO THAT YOU  
MAY REFER TO IT AS  
NEEDED



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Please refer to your employer-provided Summary Plan Description (SPD) to understand your eligibility, plan rules and terms and conditions of participation.

# WELCOME TO YOUR ACCOUNT



THIS GUIDE WILL HELP  
YOU UNDERSTAND  
YOUR SUBSIDY  
ACCOUNT, AS WELL AS:



— THE  
REIMBURSEMENT  
PROCESS



— HOW TO SIGN UP  
FOR DIRECT  
DEPOSIT



— THE TYPE OF  
REIMBURSEMENTS  
YOU MAY SUBMIT



— WHICH EXPENSES  
ARE ELIGIBLE FOR  
REIMBURSEMENT



— HOW TO SUBMIT  
CLAIMS FOR  
REIMBURSEMENT

Your former employer provides a subsidy for eligible participants to be reimbursed for eligible expenses. **The employer's Summary Plan Description and legal plan document outline the rules for eligibility and eligible expenses.** Receipt of this instructional guide does not confirm your eligibility for the subsidy.

This guide serves as a resource for submitting reimbursement requests. It reflects current process and documentation requirements based on IRS regulations. Process and documentation requirements are subject to change. If any conflict should arise between the descriptions in this instructional guide and the provisions of the subsidy plan, or if any provision is not explained or only partially explained, your rights will always be determined under the provisions of the plan document and the plan's administrative rules.

**PLEASE KEEP THIS GUIDE SO  
YOU MAY REFER TO IT WHEN  
YOU SUBMIT YOUR  
REIMBURSEMENT CLAIMS.**

# CONTACT US

## WHERE TO GO WHEN YOU HAVE QUESTIONS



### O N L I N E

- Find valuable information and self-service options by accessing your subsidy portal 24/7 at <http://retiree.mercermarketplace.com/au>
- View frequently asked questions and answers as well as “how-to” videos that will help you with the reimbursement process
- Submit claims and enroll in direct deposit



### C A L L

- You may contact us at 1-855-871-0436
- Deaf or hearing impaired should dial 711 for Telecommunications Relay Service
- We can be reached Monday-Friday 8:00 a.m.-5:30 p.m. ET



### F A X

- Send a fax to 1-857-362-2999, to the attention of the Claims Department
- Please include the participant’s name in all correspondence



### M A I L

- Send mail to the attention of the Claims Department
- P.O. Box 14401  
Des Moines, IA 50306
- Please include the participant’s name in all correspondence

# UNDERSTANDING THE PROCESS

Our objective is to assist you in getting reimbursed for your eligible expenses as quickly and easily as possible. Below is an overview of the reimbursement process that is covered in more detail within this guide.

## STEP 1



You pay for your eligible insurance premiums or health expenses

## STEP 2



You determine how you want to receive your reimbursements

## STEP 3



You request reimbursement from your subsidy account

## STEP 4



Mercer reviews your claims and, if approved, reimburses you from your available subsidy account balance

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## STEP 1: YOU PAY FOR YOUR ELIGIBLE INSURANCE PREMIUMS OR HEALTH CARE EXPENSES

- You will arrange the method and frequency of premium payments directly with your insurance company
- You will pay all out-of-pocket expenses, such as copays, to your health care provider
- For all eligible expenses, save all receipts and supporting documentation to include with your reimbursement claim. To learn which expenses are eligible, please see page 7.

## STEP 2: You determine how you want to receive your reimbursements

- Direct deposit
  - You may enroll in direct deposit online by visiting the subsidy portal or by completing the direct deposit form enclosed with this mailing
  - **Direct deposit is faster and more convenient**—your reimbursements will be sent directly to your designated banking account
  - **NOTE: Direct deposit may take up to 30 days to activate, which means your first reimbursement after enrolling in direct deposit may be mailed in the form of a check**
- Physical check
  - If you do not enroll in direct deposit, you will receive a mailed physical check to the address we have on file

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## STEP 3: YOU REQUEST REIMBURSEMENT FROM YOUR SUBSIDY ACCOUNT

- Submit a request for reimbursement of eligible expenses along with all supporting documentation
- For eligible premium expenses, you may have the option of Automatic Premium Reimbursement or Recurring Premium Reimbursement, depending on your insurance carrier
- Please see the following pages for more detail on the reimbursement types and supporting documentation required for each option

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## STEP 4: MERCER REVIEWS YOUR CLAIM AND, IF APPROVED, REIMBURSES YOU FROM YOUR AVAILABLE SUBSIDY ACCOUNT BALANCE

- Once your request has been received, Mercer Marketplace 365+ Retiree will review your legally required supporting documentation and determine if the claim is in good order
- If approved, you will receive payment by either direct deposit or a check in the mail, depending on how you have elected to receive your reimbursements (Step 2 above)

# THREE DIFFERENT REIMBURSEMENT TYPES

## UNDERSTAND WHICH ONE TO USE

Mercer Marketplace 365+ Retiree offers **three types** of reimbursement options for eligible healthcare expenses:

1. **Automatic Premium Reimbursement**
2. **Recurring Premium Reimbursement**
3. **One-Time Reimbursement**

Please read through each type below so you can understand the action you should take for your reimbursement claim. **Automatic Premium Reimbursement may not be an option for all carriers and policies.**

### What eligible expenses are you submitting and what type of reimbursement is available?

ELIGIBLE EXPENSE	AUTOMATIC PREMIUM REIMBURSEMENT	RECURRING PREMIUM REIMBURSEMENT	ONE-TIME REIMBURSEMENT
Health insurance premium	Available only for certain carriers for policies purchased through Mercer	Available only for policies purchased through Mercer	Available only for policies purchased through Mercer
Medicare Part D Prescription Drug Plan premium	Available only for certain carriers for policies purchased through Mercer	Available for policies purchased through Mercer	Available for policies purchased through Mercer
Income-related monthly adjustment (IRMAA) on Prescription Drug Plan premiums, if applicable		Available if deducted from Social Security check	Available
Prescription drug expenses of Medicare Part D Prescription Drug Plan			Available, only if the Catastrophic Phase has been reached
Dental premium		Available only for policies purchased through Mercer	Available only for policies purchased through Mercer
Vision premium		Available only for policies purchased through Mercer	Available only for policies purchased through Mercer
Medicare Part B premium		Available if deducted from Social Security check	Available


ELIGIBLE EXPENSE	AUTOMATIC PREMIUM REIMBURSEMENT	RECURRING PREMIUM REIMBURSEMENT	ONE-TIME REIMBURSEMENT
Income-related monthly adjustment (IRMAA) on Medicare Part B premiums, if applicable		Available if deducted from Social Security check	Available
Out-of-pocket expenses other than premiums allowed by IRS Code Section 213(d) in IRS Publication 502 ( <a href="https://www.irs.gov/pub/irs-pdf/p502.pdf">https://www.irs.gov/pub/irs-pdf/p502.pdf</a> )			Available

Please visit your subsidy portal for a list of carriers and plans who allow for Automatic Premium Reimbursement; you will also find information on eligible expenses under your former employer’s plan rules. You will locate this under the “Important Information” tile on the online portal dashboard.



# AUTOMATIC PREMIUM REIMBURSEMENT

<b>When to use</b>	<p>You have this option for your medical and/or prescription drug premium reimbursement if:</p> <ul style="list-style-type: none"><li>• You have enrolled in a qualifying plan through Mercer Marketplace 365+ Retiree</li><li>• Your carrier allows for Automatic Premium Reimbursement; <b>see the list of participating carriers and plans on the online portal</b> or contact Mercer Marketplace 365+ Retiree via phone to inquire</li></ul>
<b>How it works</b>	<ul style="list-style-type: none"><li>• You must opt-in to Automatic Premium Reimbursement by phone with the help of a benefits counselor</li><li>• Mercer Marketplace 365+ Retiree receives confirmation from your carrier that you have paid your premiums</li><li>• After this confirmation, you are automatically issued a reimbursement for your paid premiums on the next available payment date</li><li>• <b>Your opt-in election applies for as long as you remain enrolled in your eligible plan, even if your rate changes</b></li><li>• There is no need to file a reimbursement claim unless you dis-enroll from the eligible plan either voluntarily or involuntarily, OR the carrier no longer allows for Automatic Premium Reimbursement</li></ul>
<b>How to Opt-In</b>	<p>You may establish your Automatic Premium Reimbursement election by phone with the help of a benefits counselor. <b>Once you have opted in, there are no forms to complete.</b> If you later choose to opt-out of this reimbursement type for any reason, you must do so over the phone through a benefits counselor.</p>
<b>When to expect reimbursements</b>	<p>Reimbursement timing may vary and depends on when you pay your premium and when your carrier reports that information to Mercer. <b>Your first reimbursement may take 8 to 10 weeks to arrive</b> but that timeframe is not guaranteed. You may receive payments a month or more in arrears, however, timing generally becomes more regular after your first reimbursement and you will receive the reimbursement that you are eligible to receive based on your available account balance at that time.</p>
<b>Keep in mind</b>	<ul style="list-style-type: none"><li>• This option does not provide the fastest method of reimbursement, but it provides the convenience of being automatically reimbursed without submitting any documentation and continues as long as you remain enrolled in your plan with no required action on your part</li><li>• Automatic Premium Reimbursement is available only for certain carriers and plans</li><li>• If you have elected to have your premium deducted from your Social Security check, your Automatic Premium Reimbursement will experience</li></ul>



a longer than normal delay and you may want to consider choosing a different method for reimbursement.

If you have selected Automatic Premium Reimbursement as your reimbursement type, please **do NOT** send in a request for a different type of reimbursement for the same claim – this may cause additional delays. You must first opt-out on the phone with a benefits counselor before selecting a different reimbursement type.

# RECURRING PREMIUM REIMBURSEMENT

<p><b>When to use</b></p>	<p>This option is available for any eligible premium expense.</p> <ul style="list-style-type: none"> <li>You should only choose this option for your premium reimbursement if you have NOT established an Automatic Premium Reimbursement claim for this premium expense</li> </ul>
<p><b>How it works</b></p>	<ul style="list-style-type: none"> <li>You submit a Recurring Premium Reimbursement request along with supporting documentation</li> <li>Once your premium request is approved you will receive recurring, monthly premium reimbursements for the calendar year</li> <li>You will only submit one request for each calendar year, however, if your premium rate changes during the calendar year you must submit a new request with new supporting documentation</li> <li>If you cease making premium payments during the year, you must contact Mercer Marketplace 365+ Retiree to end the Recurring Premium Reimbursement</li> </ul>
<p><b>Submitting a claim</b></p>	<p>You may submit a Recurring Premium Reimbursement claim by using your subsidy portal or the paper form located in the back of this guide.</p>
<p><b>Documentation required</b></p>	<p>All Recurring Premium Reimbursement claims require third-party documentation showing proof of expense and coverage, and must include the following information:</p> <ul style="list-style-type: none"> <li>Covered participant's name</li> <li>Premium type</li> <li>Proof of coverage, typically in the form of a letter you receive from your insurance carrier, that includes carrier name, policy effective date and monthly premium amount – refer to the Resource Center tile on the HRA online portal for tips and examples to ensure you provide the right documentation the first time to avoid any delays in reimbursement</li> </ul> <p>For insurance premiums such as a Medicare Advantage Plan or a Prescription Drug Plan that are eligible for reimbursement and deducted from your Social Security check, use the Social Security Benefit Award Letter issued by the Social Security Administration (SSA) each year, typically mailed during the month of October or November, as your third-party documentation.</p>
<p><b>When to expect reimbursements</b></p>	<p>Reimbursement occurs once per month. More detail about expected reimbursement dates can be found online in your subsidy portal under the 'Important Information' tile.</p>
<p><b>Keep in mind</b></p>	<p><b>Annual submission and all required documentation must be submitted each calendar year.</b> You may submit your request at any time during the</p>

year; payments will commence after your documentation is processed. Recurring Premium Reimbursements are distributed according to the schedule posted in your subsidy portal. *Please note that during the beginning of each calendar year there may be a slight delay in payments due to high claim volumes.*

# ONE-TIME REIMBURSEMENT

<b>When to use</b>	<p>This option is available for any eligible expense.</p> <ul style="list-style-type: none"> <li>You should only choose this option for your premium reimbursement if you have NOT established an Automatic Premium Reimbursement or Recurring Premium Reimbursement claim for the premium expense.</li> </ul>
<b>How it works</b>	<ul style="list-style-type: none"> <li>You submit a One-Time Reimbursement claim for your eligible expense</li> <li>Once your request is approved you will receive one-time reimbursement of the expense on the next available payment date</li> <li>You will submit a new request each time you have an eligible expense that you would like reimbursed</li> </ul>
<b>Submitting a claim</b>	<p>You may submit a One-time Reimbursement claim by using your subsidy portal or the paper form located in the back of this guide.</p>
<b>Documentation required</b>	<p>All One-Time Reimbursement claims require third-party documentation showing the information outlined below:</p> <ul style="list-style-type: none"> <li>Covered participant's name</li> <li>Expense type (premium or out-of-pocket expense)</li> <li>Proof of coverage (for premium expenses)</li> <li>Date of premium or service</li> <li>Proof of incurred expense which may include:             <ul style="list-style-type: none"> <li>An invoice from a provider that reflects any payment made during the visit</li> <li>A prescription drug receipt from your retail or mail-order pharmacy that includes the pharmacy name, address, date of prescription, prescription number and the covered participant's name</li> </ul> </li> </ul> <p>Refer to the <b>Resource Center</b> tile on the HRA online portal for tips and examples to ensure you provide the right documentation the first time to avoid any delays in reimbursement</p>
<b>When to expect reimbursements</b>	<p>More detail about expected reimbursement dates can be found online in your subsidy portal under the 'Important Information' tile. One-time reimbursements are generally processed between 10 and 14 business days after receiving your request. Once your request is approved you will receive one-time reimbursement of the expense on the next available payment date. <i>Please note that during the beginning of each calendar year there may be a slight delay in payments due to high claim volumes.</i></p>
<b>Keep in mind</b>	<p>One-time reimbursement requests are submitted individually for each eligible expense.</p>

# HOW TO SUBMIT A REIMBURSEMENT CLAIM REQUEST ONLINE

1. Navigate to the website address shown on the bottom of each page of this guide.
  - For additional information and assistance submitting your claim online, please watch the short tutorial videos located on the website
2. Scroll down to the 'File a Claim' section and click to access your subsidy portal.
3. You will be directed to the portal log in screen.
  - Your username is your Social Security Number with no spaces or dashes (ex. 123456789).
  - Upon first visit, your password is your Date of Birth in the format MMDDYYYY (ex. March 17, 1945 is 03171945).
  - **IMPORTANT** : you will be prompted to change your password the first time you log in. The new password must be a minimum of 8 alphanumeric characters (at least 1 capital letter, at least 1 lowercase letter and at least 1 special character like #, \$ or %).
4. Click 'CREATE A CLAIM' from the dashboard. You will be directed to a new page that outlines all three reimbursement types.
  - If you select Automatic Premium Reimbursement you will have the option to review participating carriers and if your plan is eligible you may call a benefits counselor who can opt you in to this reimbursement type.
  - If you select Recurring Premium Reimbursement or One-Time Reimbursement, you will move to an online submission screen. Once you complete all of the information in each of the fields and upload the appropriate documentation, click 'SUBMIT CLAIM,' and we will begin processing your request.
5. Please enter claims individually by following the same procedure for additional claims that need to be reimbursed. Remember that you will also need to provide electronic copies of your proof of premium and/or proof of payment; see the information listed in prior sections for a reminder of what is required.

IF YOU WOULD PREFER TO SUBMIT YOUR CLAIM BY MAIL, PLEASE USE THE FORM(S) AT THE BACK OF THIS GUIDE, MAKING SURE TO PROVIDE COPIES OF ALL OF THE NECESSARY DOCUMENTATION SO THAT YOUR CLAIM CAN BE APPROVED IN A TIMELY MANNER. PLEASE RETAIN YOUR ORIGINAL DOCUMENTS.

# FREQUENTLY ASKED QUESTIONS

## **If my claim states ‘Claim Approved’, when will I receive my payment?**

The “Claim Approved” claim status indicates your claim has been reviewed, processed and is in good order. It is approved to be paid, but will be paid according to your Plan’s reimbursement schedule. It may take between 5-10 business days for funds to be applied.

## **If my claims states ‘Claim Ready for Payment’, when will I receive my payment?**

The “Claim Ready for Payment” status indicates funds have been applied and you will be paid on the next payment date (most likely the next Friday). Note: if you have not selected direct deposit, please allow an additional 2-3 days for a physical check to be received in the mail.

## **Why are some claims paid partially and not in full?**

For monthly-funded accounts Mercer will pay out whatever balance is available toward the full claim amount that has been requested. If the monthly subsidy allocation is lower than the claim amount, the claim will be partially paid and the remaining claim request will be “pended.” The following month when more funds accrue, the remaining reimbursement request will pay out. Pended claims pay out first and could result in more than one disbursement in a given month. Please note that Mercer’s policy is to process the claim amount requested – whether it is higher or lower than the monthly subsidy allocation.

## **What if I have not received the necessary documentation from my insurance carrier?**

Contact your insurance carrier and request a document that contains: the covered participant’s name, plan type (health prescription drug, dental, vision), start date of your new policy, monthly premium amount, and name of insurance provider.

**What if I have not received my Social Security Benefit Award letter to use as third-party documentation?** For lost documents, you may request a “Proof of Income” letter by contacting the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778) or [www.ssa.gov](http://www.ssa.gov).

## **If I submit paper claim forms, who needs to sign them?**

The account holder or Power of Attorney (POA) must sign all claim forms prior to submitting for reimbursement. Unsigned forms will delay your reimbursement.

## **What do I do if my reimbursement claim request is denied?**

If your reimbursement claim request is denied, you will receive a letter in the mail stating the reason for the denial with instructions on next steps you can take.

## **Do my subsidy funds roll over if I do not use them in a calendar year?**

Please reference the Plan Information tile, found on the dashboard of your subsidy portal, to determine if your account allows for the rollover of funds.

## **When can I use previous year balance on current year claims?**

If your account allows for the rollover of funds, those funds can be used on prior or current year claims at any point in the following calendar year. The rollover dollars are applied to the earliest claims submitted and continue to be applied to subsequent claims until those rollover funds are depleted. Please note that it is best practice to submit prior year claims at the beginning of the

year to ensure those claims are submitted during the runout period. Reference the Plan Information tile on your subsidy portal for the runout period.

### **How long do I have to submit previous year claims?**

Please reference the Plan Information tile, found on the dashboard of your subsidy portal, to determine if you have a runout period. This is the period of time your employer has allocated for you to submit prior year claims (i.e. claims with a date of service in 2019)

### **What happens if there is a payment error?**

An underpayment or overpayment may occur due to an administrative error or if you are mistakenly reimbursed for an expense that you were not eligible to receive. If you have an unresolved payment issue, Mercer will contact you after the occurrence. In order to resolve a payment error, please contact Mercer to speak with a representative about your options.

### **What should I do if a beneficiary becomes incapacitated or deceased?**

Mercer is here to help - we understand that dealing with a deceased or incapacitated family member is a difficult thing to do and you may need assistance. Authorized care givers should contact Mercer for guidance on any remaining HRA balance for a deceased or incapacitated beneficiary.

### **How do I find the list of carriers participating in Automatic Premium Reimbursement?**

Log in to your subsidy portal and select the "Resource Center" tile. Select the Automatic Premium Reimbursement Carriers option. Alternately, you can select the "Plan Information" tile and navigate to the Frequently Asked Questions section which also has a link to the carrier list.

### **How do I reset my subsidy portal password?**

On the login screen, select 'Forgot Password' and an email will be sent to you if you have provided a valid email address. Please note that **three (3) incorrect password entries will result in your portal access being locked** for 24 hours. If this occurs, and you have an email address on file, you will be able to reset the password yourself. If you do not have an email address on file, you will need to phone the Mercer Marketplace 365+ Retiree contact center or simply wait for the 24-hour time period to pass.



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## FORMS

### USE THE FOLLOWING FORMS ONLY IF YOU ARE UNABLE TO SUBMIT ONLINE

Remember, it's easy to log in to your online subsidy portal to establish a Recurring Premium Reimbursement request, submit a One-Time Reimbursement request, or enroll in Direct Deposit.

If you would prefer to submit a reimbursement request by mail or fax, complete the appropriate claim forms enclosed in the back of the guide (either Recurring Premium Reimbursement or a One-Time Reimbursement) and provide the supporting documentation required for each claim.

If you would prefer to enroll in Direct Deposit by mail, we have also included a paper Direct Deposit form.

You should make a copy of all forms you submit so you can retain the originals for your records. You may request additional claim forms from your benefits counselor, or simply make copies of these forms prior to completing.

As a reminder, there are no forms to complete for an Automatic Premium Reimbursement; you may establish your Automatic Premium Reimbursement by phone with the help of a benefits counselor.



### RECURRING PREMIUM REIMBURSEMENT CLAIM FORM

Use this form for reimbursement of eligible premiums for qualifying plans. Refer to the back page of this form for instructions on how to complete the information below. **NOTE: Do not complete this form if you have signed up for Automatic Premium Reimbursement.**

To qualify for your reimbursement, you must provide third-party documentation that includes the information on the back of this form. Please CHECK  each reimbursement request qualification item as you complete it.

Account Holder SSN (No dashes):

Former Employer Name:

Total Pages Included:

Account Holder Last Name:

Account Holder First Name:

Email Address:

Daytime Phone Number (No Dashes):

Name and Relationship to the Account Holder	Premium Type	Start Date	End Date	Monthly Amount
John Doe – Spouse	Medical	01/01/20XX	12/31/20XX	\$XXX.XX

**PARTICIPANT CERTIFICATION** I have read this document and understand and confirm that as a Participant in the Plan, premiums itemized above for myself and any eligible dependents will be deducted from my subsidy Account and reimbursed to me directly every month beginning \_\_\_\_\_ (date). I understand the Plan will reimburse me based on the expenses I submit provided there are sufficient funds in my subsidy Account. I understand it is my sole responsibility to inform the Plan administrator if my coverage ends or my monthly premium amount changes from the amount shown above. I accept full liability for timely notification of any changes. I, the undersigned, certify that all expenses for which reimbursement is requested by submission of this form were incurred by myself or an eligible dependent and that the expenses have not been reimbursed, or are not reimbursable, from any other source. I certify that I will not take any of such expenses as an income tax deduction or tax credit on my personal federal income tax return. I understand that I alone am fully responsible for the sufficiency and accuracy of all information relating to the claim which is provided by me, and that if an expense for which payment or reimbursement is subsequently determined to not be a proper expense under the Plan, I may be liable for payment of all related taxes on amounts paid from the Plan which relate to such expense.

ACCOUNT HOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## RECURRING PREMIUM REIMBURSEMENT CLAIM FORM

**USE THIS FORM** for reimbursement of eligible healthcare premiums for qualifying plans. Do not submit this form if you have signed up for Automatic Premium Reimbursement. Refer to the online portal for more information on reimbursement options.

**Remember**, for a faster, more convenient method, **submit online**, using the website shown in your Reimbursement Instructional Guide. Alternately, you may submit the completed claim form through one of the following methods:

**Mail:** Mercer Health & Benefits Admin.,  
P.O. Box 14401, Attn: Claims Department  
Des Moines, IA 50306-3401

**Fax:** 1-857-362-2999, Attn: Claims Department

*Please include the participant's name in all correspondence, regardless of submission method. If mailing, retain all originals and only mail copies.*

Submitting this form provides ongoing monthly reimbursements for premiums for the calendar year. Annual submission is required each year even if your plan does not change. If submission occurs after the start of the year, previous months will be paid retroactively. **Please note:** Your first premium reimbursement may take 4 to 6 weeks to arrive.

### **Documenting Your Reimbursement Request — All premium reimbursement requests require third-party documentation showing each item below:**

- Covered Participant's Name (e.g. John Doe)
- Premium Type (e.g. Medical)
- Date of Service (e.g. 01/01/20XX–12/31/20XX)
- Monthly Amount (e.g. \$XXX.XX)
- Name of Insurance Carrier (e.g. AARP)

For Medicare premiums deducted from your Social Security check, use the Social Security Benefit Award Letter issued by the Social Security Administration (SSA) each year, typically during the month of October or November, as your third party documentation.

**Watch for this document to arrive in the mail.**

For lost documents you can request a "Proof of Income" letter by contacting the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778) or [www.ssa.gov](http://www.ssa.gov), or contact your insurance carrier and request a document that contains the five items listed above.

### **Account Holder Information:**

The account holder may be the retiree or spouse, depending on your plan's rules. If you have a Household account, the primary account holder must sign; if you have an Individual account, the individual account holder must sign his or her own form. Please refer to the letter you received from Mercer Marketplace 365+ Retiree to understand if you have a Household or Individual account. Call Mercer if you have questions about your account type.

### **Reimbursement Request Information:**

This section must be completed with a line for each premium reimbursement requested.

### **Action:**

A request must be submitted each time you have a new policy, at the first of a new year, when a change in your premium occurs or if a policy ends for any reason during the calendar year. Enter: "New Request", "Premium Change" or "End of Policy."

**Relationship:** Include the relationship between the account holder and the person requesting the premium reimbursement (e.g. self).

**Premium Type:** Refer to your Reimbursement Instructional Guide (e.g. Medical, Prescription Drug).

**Start Date:** This is usually January 1st of each new year or the effective date of the coverage period, such as when a participant becomes Medicare-eligible.

**End Date:** This is typically December 31st, or could be earlier if there is a change in your current plan, there is a change in reporting by your carrier, or the death of a covered participant.

**Monthly Amount:** This is the amount you are requesting to be reimbursed. This must not exceed the amount of the premium that is noted on the supporting document.

### **Certification Requirement:**

Carefully read the certification requirements before signing. Your reimbursement request cannot be processed without the signature of the account holder

### **Direct Deposit!**

Expedite your payments by signing up for direct deposit today. Refer to your Reimbursement Guide for instructions on how to log into the portal and complete the necessary information for your reimbursements to be made by direct deposit.

## ONE-TIME REIMBURSEMENT CLAIM FORM

Use this form for reimbursement of any eligible expenses. You should only choose this option for your premium reimbursement if you have NOT established an Automatic Premium Reimbursement or Recurring Premium Reimbursement for the premium expense. Refer to the back page of this form for instructions on how to complete the information below.

To qualify for reimbursement, you must provide third-party documentation that includes the information on the back of this form. Please CHECK  each reimbursement qualification item as you complete it.

Account Holder SSN (No dashes):

Former Employer Name:

Total Pages Included:

Account Holder Last Name:

Account Holder First Name:

Email Address:

Daytime Phone Number (No Dashes):

Date of Service	Type of Expense	Covered Participant Name	Relationship to the Account Holder	Amount Requested
01/01/20XX	Office visit co-pay	John Doe	Spouse	\$XXX.XX

### PARTICIPANT CERTIFICATION

I, the undersigned, certify that all expenses for which reimbursement is requested by submission of this form were incurred by myself or an eligible dependent and that the expenses have not been reimbursed, or are not reimbursable, from any other source. I certify that I will not take any of such expenses as an income tax deduction or tax credit on my personal federal income tax return. I understand that I alone am fully responsible for the sufficiency and accuracy of all information relating to the claim which is provided by me, and that if an expense for which payment or reimbursement is subsequently determined to not be a proper expense under the Plan, I may be liable for payment of all related taxes on amounts paid from the Plan which relate to such expense.

ACCOUNT HOLDER SIGNATURE

DATE

## ONE-TIME REIMBURSEMENT CLAIM FORM

**USE THIS FORM** for reimbursement of any eligible expenses. You should only choose this option for your premium reimbursement if you have NOT established an Automatic Premium Reimbursement or Recurring Premium Reimbursement claim for the premium expense.

**Remember, for a faster, more convenient method, submit online, using the website shown in your Reimbursement Instructional Guide. Alternately, you may submit the completed claim form through one of the following methods:**

**Mail:** Mercer Health & Benefits Admin.,  
P.O. Box 14401, Attn: Claims Department  
Des Moines, IA 50306-3401

**Fax:** 1-857-362-2999, Attn: Claims Department

*Please include the participant's name in all correspondence, regardless of submission method. If mailing, retain all originals and only mail copies.*

A One-Time Reimbursement claim provides a single reimbursement for any eligible expenses. Please refer to your company-specific plan rules for details on medical expenses your plan allows.

Eligible reimbursement requests may include deductibles and copays or other qualifying out-of-pocket expenses such as Medicare Part B premium if allowed by your plan.

### **Documenting Your Reimbursement Request — All reimbursement requests require third-party documentation showing each item below:**

#### **FOR OUT-OF-POCKET EXPENSES:**

- Covered Participant Name (e.g. John Doe)
- Provider Name
- Date of Service (e.g. 01/01/20xx)
- Expense Type (e.g. Medical premium, office visit co-pay, etc.)
- Proof of Expense Amount (e.g. invoice or receipt from provider that identifies the participant name and service date and description, an Explanation of Benefits from insurer that identifies amount owed by participant)

#### **FOR PREMIUM EXPENSES:**

- Covered Participant Name (e.g. John Doe)
- Insurer Name
- Premium Type (e.g. medical, dental)  
Date of Coverage (e.g. 01/01/20xx–12/31/20xx)
- Premium amount (e.g. statement or invoice from insurer)

For Medicare premiums deducted from your Social Security check, use the Social Security Benefit Award Letter issued by the Social Security Administration (SSA) each year, usually during the month of October or November, as your third party documentation. **Watch for this document to arrive in the mail.**

### **Account Holder Information:**

The account holder may be the retiree or spouse, depending on your plan's rules. If you have a Household account, the primary account holder must sign; if you have an Individual account, the individual account holder must sign his or her own form. Please refer to the letter you received from Mercer Marketplace 365+ Retiree to understand if you have a Household or Individual account. Call Mercer if you have questions about your account type.

### **Reimbursement Request Information:**

Complete this section on the front page to indicate:

- Date of Service (format must follow mm/dd/yyyy. For example, if the premium expense is due on the first of the month, the date of service listed should be 01/01/2020)
- Type of Expense
- Covered Participant Name
- Relationship to the account holder  
Amount Requested

### **Certification Requirement:**

Carefully read the certification requirements before signing. Your reimbursement request cannot be processed without the signature of the account holder

### **Direct Deposit!**

Expedite your payments by signing up for direct deposit today. Refer to your Reimbursement Instructional Guide for instructions on how to log into the portal and complete the necessary information for your reimbursements to be made by direct deposit.

## DIRECT DEPOSIT FORM- for qualified expenses

This is an optional form.

### IMPORTANT INFORMATION:

To allow payments for reimbursement of eligible expenses and/or premium(s) under your subsidy to be directly deposited into your bank account, please complete this form. **We will be unable to process forms with missing information.**

### PLEASE CHOOSE THE TYPE OF ACCOUNT:

**CHECKING**

*Submit a voided check (required) for the account you wish the deposit to be made.* The routing number is the 9-digit number located in the lower left hand corner of the check. Your account number is the next set of digits following your routing number.

**SAVINGS**

*List your account number and routing/transit number below. Ask your bank to provide you with the routing/transit number for your account.* The routing/transit number is not always the same as the number on a savings deposit slip.

Please provide the following information regarding the bank account to receive direct deposits for reimbursements from your subsidy:

Name(s) on the Account: (maximum of 22 characters, incl.spaces) \_\_\_\_\_

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

Bank Name: \_\_\_\_\_ Bank City/State: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

.....

### ACCOUNT AUTHORIZATION: *Please read and sign before completing and submitting.*

I hereby authorize my former employer and the Program Manager, Mercer Health & Benefits Administration, (hereinafter collectively referred to as "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

\_\_\_\_\_  
PARTICIPANT NAME (please print)

\_\_\_\_\_  
SSN (LAST 4 DIGITS)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

MERCER MARKETPLACE 365+<sup>SM</sup>

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