



980 Retiree Welcome Packet

State Form 52983 (R2 / 4-23)

Retirement Medical Benefit Account Claim Form

ALL Provided Fields Marked * are REQUIRED				
Social Security Number* H		This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405. Disclosure is mandatory and this form cannot be processed without it.		980
Retiree Last Name*		Retiree First Name*		MI:
Home Address*		City*	State*	Zip Code*
Email Address		Main Phone ()		Secondary Phone ()

This signed form MUST accompany the corresponding receipts. If necessary, please add additional page(s).				
Name Retiree or Dependent	Month Covered	Name Premium Provider	Coverage Notes	Amount of Premium
Total Reimbursement Requested				

Important Verification Guidelines

Claims must be submitted for approval within 90 days of the plan year end. The plan year is July 1st to June 30th. The month the premium is paid determines the plan year that the claim falls under. For example, a June 2021 premium paid in June 2021 falls in plan year July 1, 2020 to June 30, 2021, so the claim must be filed by September 28, 2021. A June 2021 premium paid in July 2021 falls in plan year July 1, 2021 to June 30, 2022, so the claim must be filed by September 28, 2022. Claims filed after the September 28 deadline will be denied. (Please refer to the Plan Documents and Rules on the INPRS website.)

Insurance Premium Expenses

Insurance Premium receipts or statements must: Be from an independent third party, Include the Name of the Retiree, Spouse or Covered Dependent, Name of the Provider, Type of Insurance, Include the month(s) covered, the Amount of the Insurance Premium and Proof of payment. If necessary, please attach additional pages.

Medicare Reimbursements

You must have a current year Medicare letter on file. The Medicare letter is the annual letter from Social Security outlining the payments being taken from your monthly stipend.

Past & Current Coverage Periods

Send a copy of your canceled check and statement showing dates covered along with this signed claim form. Reimbursements will be processed according to the standard schedule. Please retain a copy of all receipts for your own records. Canceled checks are only acceptable as proof of payment not as receipts. ***Only **Past** and the **Current** month premiums are eligible for reimbursement.

To the best of my knowledge and belief, my statement in this Request for Reimbursement is complete and true. I am claiming reimbursement only for Qualified Expenses incurred by me, my spouse, or my Covered Dependent(s) during the applicable plan year. I certify that these expenses have not been reimbursed by any other source, are not pre-taxed under a Section 125 Flexible Benefits plan, nor will any reimbursement be sought from any other source. I authorize my Retirement Medical Benefits Account Plan be reduced by the amount requested. Form Updated 4/1/2023.

Retiree Signature* _____ **Date*** _____



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Approved Verification for Premium Claims

When submitting a premium claim for your retirement medical reimbursement, KBA will need the following documentation each month, unless otherwise noted. **Claims must be submitted for approval within 90 days of the plan year end.** The plan year is July 1st to June 30th. The month the premium is paid determines the plan year that the claim falls under. For example, a June 2021 premium paid in June 2021 falls in plan year July 1, 2020 to June 30, 2021, so the claim must be filed by September 28, 2021. A June 2021 premium paid in July 2021 falls in plan year July 1, 2021 to June 30, 2022, so the claim must be filed by September 28, 2022. Claims filed after the September 28 deadline will be denied. (Please refer to the Plan Documents and Rules on the INPRS website.)

1) Claim form signed by retiree - All claims submitted by mail, email, or fax, must be accompanied by a signed Claim Form. Any receipts and/or documents sent without a completed and signed form will be returned to the sender, causing a delay in processing. The following receipts and/or documents are required in the following circumstances:

a. If on Medicare Benefits

i. The annual letter from Social Security outlining the payments being taken from your monthly stipend.

b. If 65 or older & have a Supplemental Policy

i. A copy of the summary page indicating the cost and type of coverage.

ii. A copy of the policy statement which indicates the monthly, quarterly, or annual amount paid, plus eligible proof of payment (see eligible Proof-of-Payment below). This is only needed with the first submission. There is no need to submit it again unless there is a rate change.

c. If working for another employer or are covered under another employer's plan

i. Annually, an employer can provide a statement indicating the group insurance plan is fully insured and premiums are not paid with pre-tax dollars.

ii. Each month send a copy of paycheck stub for the month claimed for reimbursement, eligible for post-tax premiums only. This benefit is not taxable by the IRS, therefore, premiums taken on a "pre-tax" basis cannot be reimbursed - most employers will pre-tax premiums; if you're still working with another employer, those premiums may not be eligible.

d. If retired before eligible for Medicare benefits, and have a medical insurance policy

i. A copy of the policy summary page indicating the cost and type of coverage. This is only needed once unless there is a rate change.

2) Eligible Proof-of-Payment - Cancelled Check, Bank Statement, Credit Card Statement and Receipt for Cash Rendered for Payment, Statement from Insurance Carrier showing proof of payment, etc.

Please Submit All Forms to:

Submit and track claims online! Go to <https://FlexPro.lh1ondemand.com>

Toll-Free FAX: 866.241.1488

KBA, FlexPro Mobile

FlexPro@KeyBenefit.com

Mail: P.O. Box 55787
Indianapolis, IN 46205