Health Reimbursement Account (HRA) Claim Form
For State Employees Participating in the Personal Healthcare Fund (PHF)

Use this form if you would like to receive reimbursement for eligible healthcare expense(s) via your State of Michigan’s Health Reimbursement Account (HRA). See attached information and instructions before completing the form.

Section I – Account Information & Certification

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>DATE OF SERVICE (DD/MM/YYYY)</th>
<th>PATIENT NAME (RELATIONSHIP TO ACCOUNT HOLDER)</th>
<th>GENDER</th>
<th>EXPENSE DESCRIPTION</th>
<th>CLAIM AMOUNT</th>
<th>ORS APPROVAL/DENIAL</th>
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<td>SELF SPOUSE ELIGIBLE CHILD</td>
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Mail your completed form and proof(s) of service to: Office of Retirement Services, Attention: SERS HRA Plan Administrator, P.O. Box 30171, Lansing, MI 48909-7671, or fax to: 517-322-1116
Information and Instructions

What is a Health Reimbursement Account?
A Health Reimbursement Account (HRA) is a tax-advantaged health savings plan funded by your employer, the State of Michigan, to help you pay for eligible healthcare expenses you incur after retirement. HRAs are funded and wholly-owned by the employer; HRA rules do not allow you to contribute. Funds are deposited into a noninterest-bearing account for you when you terminate employment. You are not subject to income or employment taxes on either the HRA funds or on the reimbursement amounts of any eligible healthcare expenses received by you from the HRA. Unused funds may be carried forward for reimbursement in future years. To learn more, go to www.irs.gov/pub/irs-pdf/p969.pdf.

Who is eligible?
Only former participants in the State of Michigan’s Personal Healthcare Fund (PHF) who have a bona fide termination of employment are eligible for a the HRA.

- If you elected PHF during the State Employees Retirement System Reform of 2011 (PA 240 of 2011), and were eligible for an additional employer contribution to a tax-deferred account when you terminated state employment, any value of that contribution exceeding IRS limits on employee/employer contributions to your 401(k) and 457 accounts are placed in an HRA established by the state.
- If you were hired or rehired by the state on or after January 1, 2012, and later terminated employment with at least 10 years of service, you would qualify for an HRA of $2,000 (age 60 or older), or $1,000 (less than age 60), upon employment termination.

Can the HRA reimburse me for eligible healthcare expenses incurred by my dependents, too?
Yes. Once you have terminated employment with the state and your HRA has been funded, you, your spouse, and your dependent children are eligible to receive benefits from the account. Expenses for a spouse must be incurred while still married to you. Expenses for a child are only allowed if the child generally qualifies as your dependent under IRC Section 152 and is age 26 or younger at the end of the tax year (certain exceptions apply).

How long will my HRA last?
Your HRA account will remain open until:
- your funds are depleted.
- the account has been inactive for more than 3 years.
- you die with no surviving spouse or eligible dependents.

Knowingly falsifying information or submitting a fraudulent HRA claim form can result in the termination of your account and the forfeiture of any account balance. The State of Michigan retains the right to modify or terminate the plan at any time for any reason, consistent with law. Any changes will be directly communicated to all account holders.

What medical expenses are covered?
Below is a partial list of eligible healthcare expenses. For a detailed list, see IRS Publication 502, Medical and Dental Expenses.

Medical Expenses:
- Acupuncture
- Alcohol and drug treatment programs
- Ambulance services
- Arthritis treatment (as prescribed by a physician)
- Braces, crutches, and splints
- Chiropractic care
- Diabetic supplies, insulin
- Diagnostic devices
- First-aid kits
- Health care copays, deductibles, and coinsurance expenses
- Hearing aids and batteries
- Hospital services
- Insurance premiums (including certain long-term care insurance—see below*)
- Laboratory fees
- Nursing home expenses
- Nursing care
- Over the Counter (OTC) medications but only if the medication or drug is prescribed by a physician.
- Oxygen and equipment
- Prescribed medicines
- Psychiatric care
- Routine physical exams
- Smoking cessation programs
- Surgery
- Transplants
- Weight loss programs (if for treatment of a specific disease)
- Wheelchairs

Dental Expenses:
- Bridges
- Crowns
- Dentures
- Fillings
- Fluoride treatments
- Oral surgery
- Orthodontic care
- Teeth cleaning
- Tooth extraction
- X-rays

Vision Expenses:
- Contact lenses
- Eye exams
- Eye surgery (including vision correction)
- Eyeglasses
- Instruction, training, and equipment for the visually impaired
- Reading glasses
Travel Expenses:
Transportation primarily for, and essential to, medical care.
- Calculate mileage at $.23 per mile.
- Lodging and meals at a licensed hospital or similar institution if you are there for medical care.
- Maximum $50 per person per night.

Requests for reimbursements for travel expenses must be submitted on the same claim form as the service or product you traveled to receive or purchase. Provide a worksheet showing your travel expense calculations.

Insurance Premiums:
Insurance premiums for medical, dental, and vision coverage, including Medicare Parts B and D, may be reimbursed. HRA funds may not be used to pay for life, disability, or any property (auto, home, etc.) insurance premiums.

Premiums that are paid for long-term care insurance are eligible if the contract meets the following four requirements:
- The policy must be guaranteed renewable;
- The policy must NOT provide a cash surrender value or other money;
- The policy must require that any dividends earned are used to reduce future premiums; AND,
- The policy does not pay or reimburse for expenses that have been paid under Medicare unless Medicare is a secondary payer.

The amount of long-term care insurance premiums you can include is limited and varies based upon your age. Refer to IRS Publication 502 for further information.

Which expenses are not covered?
Below is a partial list of non-eligible healthcare expenses. For a detailed list, see IRS Publication 502, Medical and Dental Expenses.

- Child day care expenses for a healthy baby
- Elective cosmetic surgery
- Funeral expenses
- Health club dues
- Household help
- Illegal medicines and drugs
- Nonprescription drugs and medicines, except for insulin.
- Nutritional supplements (unless prescribed for a specific medical condition)
- Personal use items (toothbrush, toothpaste, etc.)
- Weight loss programs (unless for specific disease treatment)
- Expenses for which you are fully reimbursed from a flexible spending account (FSA) or other tax-favored health savings plan
- Expenses that were an itemized deduction on your income taxes.

How much reimbursement can I request?
You can request reimbursement for the full value of the eligible expense, as long as it doesn’t exceed the balance of your account. The minimum reimbursement paid will be $50 or the balance of your account, whichever is less. Combine multiple expenses on the same claim form to reach the minimum required for ORS to release a payment.

How do I submit a claim?
1) After incurring $50 or more in eligible healthcare expenses, complete the HRA Claim Form (R1042G) from ORS’s website, attach appropriate proof of service and mail to

Office of Retirement Services
Attention: SERS HRA Plan Administrator
P.O. Box 30171
Lansing, MI 48909-7671
Or fax to: 517-322-1116

2) You may submit multiple claims on a single form. ORS will review each expense making sure that all required proofs have been provided and that all of your claims are for eligible expenses and eligible dependents.
- For approved expenses, ORS will send you a notice of reimbursement and will issue a payment which you will receive separately. Expenses are approved only for amounts equal to or under the current balance in your account. The balance in your account will be reported with each reimbursement notice.
- If ORS needs more information to determine the eligibility of the expense, we will return the information to you and request that you resubmit the expense on a new claim form with the complete documentation needed.

The reimbursement process can take up to 30 days. It is important to submit complete claim forms for only eligible expenses.

When can I submit a claim?
You are automatically enrolled in the HRA plan as of your termination date and can begin submitting claims at that time. All claims must be for expenses incurred after your termination date and while your account remains open.

Claims must be submitted:
- After the service has been performed.
- No later than May 31st of the calendar year following the date of purchase or service.
- Within 180 days of the death of the account holder.

Claims can be denied if they are not filed on time or if it is determined that the expense is not eligible for reimbursement. If your claim is denied, ORS will send you an explanation for the denial and a detailed description of the appeal procedure.

For more information, visit www.michigan.gov/orsstatedc and click on Forms, or contact an ORS customer service representative via the ORS Message Board at www.michigan.gov/miacount or call 517-322-5103 (Lansing area) or 800-381-5111 (outside of Lansing).