



MICHIGAN OFFICE OF RETIREMENT SERVICES

P.O. Box 30171 · Lansing, MI 48909-7671

Michigan.gov/ORS

Toll Free: 800-381-5111

Fax: 517-284-4416

Health Reimbursement Account (HRA) Claim Form

For former participants in the Personal Healthcare Fund (PHF)

Use this form if you would like to receive reimbursement for eligible healthcare expense(s) via your Health Reimbursement Account (HRA) administered by the Michigan Office of Retirement Services (ORS). See attached Information and Instructions before completing the form.

Section I – Account Information & Certification

| | |
|---|------------------|
| ACCOUNT HOLDER'S NAME (LAST, FIRST, M.I.) | MEMBER ID OR SSN |
| MAILING ADDRESS | TELEPHONE |
| CITY, STATE, ZIP CODE | |

I certify that the information on this form and any attachments is accurate and complete. I am requesting reimbursement for eligible deductible expenses incurred by myself or an eligible dependent. I have already received these product(s) and/or service(s) and have not and will not seek reimbursement of these expenses from any other plan or party. I have not and will not claim these expenses as a tax deduction under IRS Code 213. I understand that submitting a fraudulent claim or falsifying information may result in the forfeiture of any funds in my HRA account.

PRINTED NAME

SIGNATURE

DATE

- ☐ ACCOUNT HOLDER
☐ ELIGIBLE SURVIVOR

RETIREMENT SYSTEM (SELECT ONE): ☐ PUBLIC SCHOOL ☐ STATE EMPLOYEE ☐ STATE POLICE ☐ JUDGES

Section II – Expense Documentation: Identify the expense(s) you want reimbursed. Total expense(s) submitted must meet or exceed \$50 for each HRA claim form submitted. Refer to the instructions for a list of eligible healthcare expenses. Attach appropriate **proof of service and proof of payment** for each expense: copies of original bill, invoice, or statement identifying the service provider (name, address, and phone) and showing the amount of the expenses paid. If you have additional expenses, use an additional form.

| ITEM NO. | DATE OF SERVICE (MM/DD/YYYY) | PATIENT NAME (RELATIONSHIP TO ACCOUNT HOLDER) | GENDER | EXPENSE DESCRIPTION | CLAIM AMOUNT | ORS APPROVAL/DENIAL |
|---|------------------------------|--|--|---------------------|--------------|---------------------|
| 1. | | <div><div></div><div><input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> ELIGIBLE CHILD</div></div> | <div><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</div> | | | |
| 2. | | <div><div></div><div><input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> ELIGIBLE CHILD</div></div> | <div><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</div> | | | |
| 3. | | <div><div></div><div><input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> ELIGIBLE CHILD</div></div> | <div><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</div> | | | |
| 4. | | <div><div></div><div><input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> ELIGIBLE CHILD</div></div> | <div><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</div> | | | |
| 5. | | <div><div></div><div><input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> ELIGIBLE CHILD</div></div> | <div><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</div> | | | |
| 6. | | <div><div></div><div><input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> ELIGIBLE CHILD</div></div> | <div><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</div> | | | |
| TOTAL EXPENSES (MUST MEET OR EXCEED \$50 PER CLAIM FORM SUBMITTED) | | | | | | |

Mail your completed form and proof(s) of service to: Michigan Office of Retirement Services,
Attention: HRA Plan Administrator, P.O. Box 30171, Lansing, MI 48909-7671, or fax to: 517-284-4416



Information and Instructions

What is a Health Reimbursement Account?

A Health Reimbursement Account (HRA) is a tax-advantaged health savings plan funded and wholly-owned by your employer, to help you pay for eligible healthcare expenses you incur after retirement. 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 Personal Healthcare Fund (PHF) who have a bona fide termination of employment are eligible for a the HRA. ORS will determine your eligibility based on your age, service credit, and any other requirements specific to your retirement system.

ORS will send you details about your HRA when you become eligible for your account.

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 (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
Laboratory fees
Nursing home expenses
Nursing care
Over the Counter (OTC) medications 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.

- \$.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. 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
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 (R1042X)* from ORS's website, attach appropriate proof of service and proof of payment and mail to:

Michigan Office of Retirement Services
Attention: HRA Plan Administrator
P.O. Box 30171
Lansing, MI 48909-7671
Or fax to: 517-284-4416

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/ors to select your retirement system and click on Forms and Publications, or contact an ORS customer service representative via the ORS Message Board at www.michigan.gov/miaccount or call 517-284-4400 (Lansing area) or 800-381-5111 (outside of Lansing).

