



# Madison 6000 VEBA

## Medical Expense Reimbursement Claim Form

This form must be received by February 15 for Expenses from Preceding Year

<b>Name</b>		<b>SS #</b>	<b>XXX-XX-</b>
<b>Address</b>		<b>Date of Birth</b>	
<b>City, State, Zip</b>			
<b>Phone</b>		<b>E-mail</b>	

<b>Benefit Distribution Codes</b>			
20	Medical	23	Dental Expense
21	Pharmacy	24	Premium Expense
22	Vision		

Date Incurred Or Date Range	Name Of Service Provider	Benefit Description Code	Person For Whom Expense Incurred		Amount Claimed
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
<b>Total from Page 2</b>				\$	
<b>Total Amount Claimed</b>				\$	

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form, were incurred (i.e., services were provided) during a period while the undersigned was covered under the City Employees VEBA Plan with respect to such expenses and that such expenses have not been reimbursed, or are not reimbursable, under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the Plan which relate to such expense. The undersigned further understands that no medical expense tax deduction or credit is permitted for amounts for which reimbursement is made. Further, the undersigned certifies the HIPAA PRIVACY NOTICE was provided with this form.

<b>Signature</b>	
<b>Date</b>	

**Mail, E-mail, Upload or Fax Claim Form with Copies of Your Bills or Receipts On or Before  
February 15 for Expenses from Preceding Year to:  
PELION BENEFITS, INC. • 3713-C University Drive • Durham, NC 27707  
claims@pelionbenefits.com • [www.pelionbenefits.com](http://www.pelionbenefits.com) • Fax 919.942.2804 • Telephone 888.532.7526**





### ACH Direct Deposit Authorization Agreement

- For your security, and to assure an accurate transfer of funds, complete this entire form in a legible manner and attach a voided check where indicated below.
- The routing and account numbers on this form must be identical to the routing and account numbers on your voided check.
- The payer name on the voided check must match the plan participant's name.
- If a voided check is not available, or if the account number or routing number provided on this form is different than on the voided check, include a letter from the bank or financial institution on their letterhead. Have the letter signed by an authorized representative of the bank and indicate the name of the account holder and provide the routing and account numbers to be used by Pelion Benefits, Inc. for ACH purposes.

I hereby authorize Pelion Benefits, Inc. to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my checking or savings account indicated below and the financial institution named below to credit (or debit) the same to such account.

Financial Institution \_\_\_\_\_ Checking\_\_ Savings\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: 

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

This authority is to remain in full force and effect until Pelion Benefits, Inc. has received written notification of its termination in such time and in such manner as to afford Pelion Benefits, Inc. a reasonable opportunity to act on it.

Print Name: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ATTACH A VOIDED CHECK HERE



## Instructions For Uploading Forms To Our Website

1. Scan your documents and save. Usually, you can scan multiple pages in the same file. If you do not have a scanner, take a photo of your document with your phone. Turn the flash on, hold the phone directly above the document, center the document in the frame, then take the picture. Check the picture to make sure it is in focus. Plug your phone into your computer and save the picture.
2. Open your internet browser.
3. Go to [www.pelionbenefits.com](http://www.pelionbenefits.com)
4. Select Upload Forms. It is the second tab at the top of the home page. Click [“Please use this link to securely upload your files.”](#)
5. Enter your email, first name, last name and your employer.
6. Click the blue Continue button.
7. Click the “Browse files” text in the middle of the screen.
8. Locate your saved files that you want to upload. Click on the file, then click “Open.” If you need to upload another document, click “+Add more” and repeat step 7.
9. Once you have all the files you wish to upload, click the blue Upload button in the bottom left corner.
10. Wait for the progress bar to reach 100% for each item. Once each item has “Uploaded” written and highlighted in green, you are finished.
11. Click the x to close your session.
12. You will receive an email verification indicating your file has been uploaded successfully.

# HIPAA PRIVACY NOTICE

## 1. Definitions:

**HIPAA** means the Health Insurance Portability and Accountability Act of 1996 and regulations thereunder, as amended from time to time.

**Personal Health Information (PHI)** means health information that:

- (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse;
- (b) relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
- (c) either identifies the individual or reasonably could be used to identify the individual.

**Health Care Expense** means, unless otherwise specifically noted in the Adoption Agreement, an expense incurred by a Covered Individual, for medical care to the maximum extent permitted by law, but only to the extent that the Covered Individual incurring the expense is not reimbursed for the expense through another source, including other insurance or other accident or health plan. A Health Care Expense shall include medical care as defined in Section 213(d) of the Code, modified as required by law.

A Health Care Expense is incurred at the time the medical care or service that gave rise to the expense is furnished.

## 2. Use and Disclosure of PHI:

The Plan will use PHI to the extent of and in accordance with the uses and disclosures permitted by HIPAA. Specifically, the Plan will use and disclose PHI for purposes related to health care treatment, payment for health care and health care operations. The Plan will also use and disclose PHI as permitted by authorization of the subject of PHI.

(a) **Payment** includes activities undertaken by the Plan to obtain premiums or determine or fulfill its responsibility for coverage and provision of Plan benefits that relate to an individual to whom health care is provided. These activities include, but are not limited to, the following:

- (1) Determination of eligibility, coverage and cost sharing amounts (for example, cost of a benefit, plan maximums and co-payments as determined for an individual's claim);
- (2) Coordination of benefits;
- (3) Adjudication of health benefits claims (including appeals and other payment disputes);
- (4) Subrogation of health benefit claims;
- (5) Establishing employee contributions;
- (6) Risk adjusting amounts due based on enrollee health status and demographic characteristics;

- (7) Billing, collection activities and related health care data processing;
- (8) Claims management and related health care data processing, including auditing payments, investigating and resolving payment disputes and responding to participant inquiries about payments;
- (9) Obtaining payment under a contract for reinsurance (including stop-loss and excess of loss insurance);
- (10) Medical necessity reviews or reviews of appropriateness of care or justification of charges;
- (11) Utilization review, including pre-certification, preauthorization, concurrent review and retrospective review;
- (12) Disclosure to consumer reporting agencies related to the collection of premiums or reimbursement (the following PHI may be disclosed for payment purposes: name and address, date of birth, Social Security number, payment history, account number and name and address of provider and/or health Plan; and
- (13) Reimbursement to the Plan.

(b) **Health care operations** include, but are not limited to, the following activities:

- (1) Quality assessment;
- (2) Population-based activities relating to improving health or reduction health care costs, protocol development, case management and care coordination, disease management, contacting health care providers and patients with information about treatment alternatives and related functions;
- (3) Rating provider and Plan performance, including accreditation, certification, licensing or credentialing activities;
- (4) Underwriting, premium rating and other activities relating to the creation , renewal or replacement of a contract of health insurance or health benefits, and ceding, securing or placing a contract for reinsurance of risk relating to health care claims (including stop-loss insurance and excess of loss insurance);
- (5) Conducting or arranging for medical review, legal services and auditing function, including fraud and abuse detection and compliance programs;
- (6) Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the Plan, including formulary development and administration, development or improvement of payment methods or coverage policies;
- (7) Business management and general administration activities of the Plan, including, but not limited to:
  - a. Management activities relating to the implementation of and compliance with HIPAA's administrative simplification requirements;
  - b. Customer service, including data analyses for policyholders;
- (8) Resolution of internal grievances.

(9) Due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity under HIPAA or following completion of the sale or transfer, will become a covered entity.

### **3. Plan Sponsor's Obligations:**

With respect to PHI, the Plan Sponsor agrees to certain conditions. The Plan Sponsor agrees to:

- (a) Not use or further disclose PHI other than as permitted or required by the Plan document or as required by law;
- (b) Ensure that any agents, including a subcontractor, to whom the Plan provides PHI received from the Plan agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such PHI;
- (c) Not use or disclose PHI for employment related actions and decision unless authorized by an individual;
- (d) Not use or disclose PHI in connection with any other benefit or employee benefit plan of the Plan Sponsor unless authorized by an individual;
- (e) Report to the Plan any PHI use or disclosure, that is inconsistent with the uses or disclosures provided for, of which it becomes aware;
- (f) Make PHI available for amendment and incorporate any amendments to PHI in accordance with HIPAA;
- (g) Make available the information required to provide an accounting of disclosures;
- (h) Make internal practices, books and records relating to the use and disclosure of PHI received from Plan available to the HHS Secretary for the purposes of determining the Plan's compliance with HIPAA; and,
- (i) If feasible, return or destroy all PHI received for the Plan that the Plan Sponsor still maintains in any form, and retain no copies of such PHI when no longer needed for the purpose for which disclosure was made (or if return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction infeasible).

### **4. Adequate separation between the Plan and the Plan Sponsor must be maintained:**

In accordance with HIPAA, only the following employees or classes of employees may be given access to PHI:

- (1) The benefit manager; and,
- (2) Staff designated by the benefits manager.

The Plan Sponsor shall identify, by name, these persons in writing to the Claims Administrator.

**5. Limitation of PHI Access and Disclosure.** The persons described in paragraph (c) above may only have access to and use and disclose PHI for Plan administration functions that the Plan Sponsor performs for the Plan.

**6. Noncompliance Issues.** If the person described in paragraph (c) above does not comply with this Plan document, the Plan Sponsor shall provide a mechanism for resolving issues of noncompliance, including, but not limited to, disciplinary action against such person.

# VEBA Question & Answers

## What if I have a question?

**Do NOT contact City of Madison Human Resources, they City has NO involvement with the VEBA. If you have questions send them to the VEBA email address at [madisonveba@gmail.com](mailto:madisonveba@gmail.com). Please note the VEBA Board members have full time jobs and will get back to you when they can.**

## How do I request the VEBA benefit?

Submit the claim form by February 15<sup>th</sup> for expenses from the preceding year.

## How do I sign up for the VEBA benefit?

There is no sign up form. To determine whether you are eligible for the VEBA please submit the claim form.

## When will I get the VEBA benefit?

Checks or ACH Direct Deposits will go out by April 15<sup>th</sup> of each year.

## How much is my VEBA benefit?

The VEBA benefit reimbursement is reviewed annually by the VEBA Board. The amount established by the VEBA Board is up to \$6,000 (based on eligible receipts). The benefit is calculated based on the average hours you worked in the 3 years immediately preceding retirement or separation from service due to disability. If you worked 100% you are eligible for 100% of the benefit. If you worked less than 100% the amount is prorated to reflect the average percentage of time you worked (i.e. If you worked 50% you are eligible for 50% of the benefit).

## Can I submit my receipts throughout the year?

No. Only 1 claim form per participant will be accepted per year. Claim forms may be submitted from December 1st to February 15th.

## If my spouse or dependent has qualified medical receipts can I receive a reimbursement?

Yes, you may be reimbursed for any qualified receipt you submit on behalf of yourself, your spouse, your domestic partner or your dependent.

## What expenses are eligible for VEBA reimbursement?

Any medical expenses found in 26 U.S.C. §§ 105(b), 213(d); including co-pays, coinsurance, premiums, deductibles and prescriptions. Internal Revenue Code §213(d) defines qualified expenses and premiums, in part, as amounts paid for insurance or for medical care “for the diagnosis, treatment, or prevention of disease...” Expenses solely for cosmetic reasons generally are not eligible (e.g. facelifts, hair transplants, etc...) Common expenses include co-pays, coinsurance, deductibles, and prescriptions. Common insurance premiums include medical, dental, vision, tax-qualified long-term care (subject to IRS limits), Medicare Part B, Medicare Part D and Medicare supplement plans.

The CARES ACT that was recently signed into law permanently reinstates coverage of OTC (Over the Counter) drugs and medicines as eligible for reimbursement without the need for a prescription. This change is effective for expenses incurred on or after January 1, 2020. A complete list of eligible expenses for reimbursement can be found at: [irs.gov/publications/p502](https://irs.gov/publications/p502).

Insurance premiums paid by an employer or premiums that are deducted pre-tax are not eligible for reimbursement.

## What if I die before I have received my complete VEBA reimbursement?

Your spouse or partner may potentially qualify to continue to receive the VEBA reimbursement. They should contact the City Employees VEBA Corporation.

## Is the \$6,000 “my money”?

No the money is not “yours”, it is a general fund that provides disbursements based on claims and is not assigned to individuals.



If I don't spend all the reimbursement amount allotted to me can I carry over the remainder for the next year?

No, you are allotted a specific amount per year and if that amount is not spent then it is lost.

Where should I submit my claim form and receipts?

Mail, E-mail, Upload or Fax Claim Form with Copies of Your Bills or Receipts On or Before February 15 for Expenses from Preceding Year to:

PELION BENEFITS, INC.  
3713-C University Drive  
Durham, NC 27707

claims@pelionbenefits.com  
[www.pelionbenefits.com](http://www.pelionbenefits.com)  
Fax 919.942.2804  
Telephone 888.532.7526

Can I make partial payments from my sick leave balance through WRS to cover my health insurance premiums and use the VEBA benefit to make up the difference?

No, WRS requires that the full premium come out of your sick leave balance. No partial payments are permitted through WRS.

Do I have to claim benefits the year I retire?

No, benefits may be claimed any time after retirement. But once you start making a claim the claims must be made in consecutive years.

What determines the claim year?

It is the year in which incur the expenses (the year the service occurred) not the year when you paid the expenses.

What if I retire mid-year, can I claim the benefit for that year?

Yes, you can claim the benefit at any point that you have eligible expenses.

Do I have to use my sick leave pay out before I claim the VEBA benefit?

No.

Can I start and stop when I claim the VEBA benefit?

No, once you start taking the benefit it may only be claimed in consecutive years.

What if I submit claims for more than \$6,000?

Your maximum benefit is \$6,000 once that limit has been reached you will be denied on any claims above this amount.

Is the VEBA benefit a flex spending account?

No.

What if I submitted a claim and haven't received my check by April 22<sup>nd</sup> ?

Please contact the VEBA Board at [madisonveba@gmail.com](mailto:madisonveba@gmail.com)

Should I contact the City of Madison HR Department if I have any questions about the VEBA?

No, you need to contact Pelion Benefits, Inc. at 1-888-532-7526 or claims@pelionbenefits.com or the VEBA Board at [madisonveba@gmail.com](mailto:madisonveba@gmail.com)

Does the City of Madison administer the VEBA?

No, the plan is administered by a Board independent of the City of Madison.

If I email the Board how quickly will I hear back?

You should hear a response within 72 hours.

#### FOR EMPLOYEES HIRED BEFORE JANUARY 1, 2018

**Do I qualify to participate in the VEBA? Yes:**

- a. You separated from employment due to disability or retired after 12/4/16, and
- b. You are eligible for WRS payments, and
- c. You were employed for at least 10 years immediately preceding (a) above and
- d. You were in compensation group 16, 20, 23, 31, 32, 33 or 83

How many years can I get the VEBA benefit if I separated from service after 10 years but less than 15 years?

You may receive the VEBA benefit for 5 consecutive years.

How many years can I get the VEBA benefit if I separated from service with 15 years?

You may receive the VEBA benefit for 10 consecutive years.

#### FOR EMPLOYEES HIRED AFTER JANUARY 1, 2018

**Do I qualify to participate in the VEBA? Yes:**

- a. You separated from employment due to disability or retired after 12/4/16, and
- b. You are eligible for WRS payments, and
- c. You were employed for at least 15 years immediately preceding (a) above and
- d. You were in compensation group 16, 20, 23, 31, 32, 33 or 83, and
- e. You are a permanent not hourly or seasonal employee.

How many years can I get the VEBA benefit if I separated from service after 15 years but less than 20 years?

You may receive the VEBA benefit for 5 consecutive years.

How many years can I get the VEBA benefit if I separated from service with 20 years?

You may receive the VEBA benefit for 10 consecutive years

What if I have further questions?

Please look at [www.madison6000veba.com](http://www.madison6000veba.com) or email questions to [madisonveba@gmail.com](mailto:madisonveba@gmail.com)