



MICHIGAN ELECTRICAL EMPLOYEES' HEALTH PLAN



SPECIAL FUND PAYMENT REQUEST FORM

Name: _____ Member ID or SS #: _____ Local Union #: _____

Address: _____ Telephone #: _____

City, State, Zip Code: _____ if new address

REQUEST FOR MISCELLANEOUS EXPENSES	
Medical Expenses	
Dental Expenses	
Vision Expenses	
OTC Drug/Medical Supplies	
Other	
TOTAL	

By signing this request form, you certify that you have not taken and will not take a tax deduction for items submitted for reimbursement and that there is no other source available for payment. You also certify that medications (including vitamins) are ONLY for use by you or a covered family member for which you have a prescription (other than insulin). You further certify that you have not submitted these expenses on a prior Request form.

SIGNATURE: _____

INSTRUCTIONS

- You have three (3) years from the date of service to submit for reimbursement.
- You must enclose an itemized bill stating the provider's name and address, patient name, and date of service or a copy of the complete (ALL PAGES) Explanation of Benefits from Blue Cross Blue Shield and any other application health plan, indicating the amount paid by insurance and/or expected to be paid by insurance. Collection notices and bills indicating only a balance due are NOT acceptable. (Cash register receipts from providers are NOT acceptable, except for Over-The-Counter (OTC) medications and drugs. Please see below.)
- For health insurance or long term care contract premiums, verification that the premium was not paid or eligible for payment under a Section 125 cafeteria plan. You must also provide the name of the insured, coverage period, premium statement and proof of payment. A Special Fund Verification Form for Health Insurance Premium Expenses is required for health, dental and vision premiums. Additional documentation is required for reimbursement of premiums under a long-term care contract. You must certify and document that the policy is tax qualified. Acceptable documentation is a letter from the insurance company or a copy of a page of the policy that states it is tax qualified.
- The minimum amount requested should be \$50 unless you have accumulated less than \$50 in a year.
- If you do not have enough funds in your Special Fund account, the Plan Office will pay up to the balance in your account and you can resubmit the total amount of the unpaid balance for reimbursement at a later date, but not after the three year date of service limit described above. NOTE: You may only resubmit for reimbursement on the remaining balance of the "large claim" one time, so it is in your best interest to wait until your Special Fund balance will cover the remaining balance on the claim without going over three years from the date of service.

Please note, occasionally claims must be suspended or denied due to a lack of information. If either of these events occurs on a claim you have submitted, you will be notified in writing of the reasoning behind either a suspended claim or one that has been denied. In addition, should this occur on one but not all claims submitted, the Fund Office will issue a check for those claims where additional information is not necessary, therefore you may receive a partial payment with explanation of other claims' status.