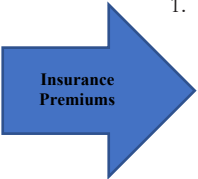


Instructions for Submitting Premiums and Qualified Benefits


NOTE: Whether you are submitting for a lump sum disbursement or a benefit card, you are still required to return a completed application form and affidavit for 2025. The required forms provide the necessary information to enter you in our system for claims processing and verify coverage. Thank you!

You can request disbursement of insurance premiums and/or qualified healthcare expenses. Qualified premiums and expenses submitted for disbursement must have been incurred after you became a participant eligible to file claims. Want to see your claims in progress and claims history? Go to www.anchorbenefit.com and click *Employer/Member Benefits Portal* to register and login to your account. You can view your account balance under FSA/HRA and plan information under documents. **Note, if you have not previously sent in an application, you will not be able to register online until after the application is received.**

To expedite your claim for a lump sum disbursement:

- 
1. Submit your premium statements and other necessary documentation via our secure document upload located on our website (www.anchorbenefit.com then click on Secure Documents) or via USPS mail. If you are mailing your forms, for added assurance that your packet arrives in a timely manner, you may wish to send your documentation via certified mail or some other means that provides tracking capability, but it is not required. Claims may be viewed, once processed, online after logging into your account and going under the **Claims** menu.
 2. Fully complete each section of the application form and the affidavit. Missing information may delay the processing of your claim. **Don't forget to sign, date and notarize the affidavit.**
 3. The Benefit Fund for 2025 will pay the eligible benefit amount in a lump sum payment, if applicable. Retirees that submit proper documentation by December 16, 2024 will receive a check in January 2025. **If proper documentation is not submitted by December 16, 2024, any applicable disbursement will be delayed, and the benefit will be pro-rated to the first of the month after receipt of completed paperwork.**

To expedite your claim for a qualified healthcare reimbursement:

- 
1. For reimbursement of healthcare premiums or qualified healthcare expenses, you must attach documentation which includes the following: (1) a completed qualified benefit reimbursement claim form (2) the most recent monthly statement with the premium amount shown; (3) name(s) of covered individual(s); (4) policy period; and (5) insurance provider name and address. This information is typically contained on your premium billing notice. See item (1) under the Benefit Debit Master Card section for more information. **Note, IRS regulations provide that insurance premiums paid by an employer, or premiums that are or could be deducted pre-tax through your (or your spouse's) employer's Section 125 plan, are NOT eligible for reimbursement.**

IMPORTANT NOTICE: PREMIUM AUDIT

Please be aware that each year there will be an audit on insurance premiums disbursed via check. If you are only issued a benefits card, then no audit is required since medical expenses incurred on the benefits card are auto-substantiated. When premiums are audited in December 2024, you will be required to provide proof of your actual paid premiums for the 2024 benefit year.

Delray Beach Retiree Insurance

Retirees that have health insurance with Delray Beach do not require an audit. We will receive a list of all retirees with coverage from the fund administrator .

Individual Insurance

Retirees with an individual policy, please be sure to save at least your first and last 2024 premium statements so we may verify the premium amount against your proof of payment. If proof of payment for 2024 is not provided, your 2025 benefit amount may be reduced by the unqualified amount.

City of Delray Beach Police, Firefighters & Paramedics Retiree Benefit Fund

Submit via Secure Document Upload or USPS mail: Anchor Benefit Consulting, Inc. | PO Box 945260 | Maitland, FL 32794 |

Benefits Debit MasterCard

The Benefits Debit MasterCard gives you easy access to the funds in your benefit account. However, not everyone will receive a Benefit Debit MasterCard. Only retirees who have no current health coverage or who have submitted proof of their annual insurance premiums, that are **less than** their eligible benefit amount, will receive a Benefit Debit MasterCard with the remaining amount of funds after premium disbursement. The Benefit Debit MasterCard may be used for qualified healthcare expenses such as, deductibles, co-payments, coinsurance, prescription drugs, dental, vision and medical devices like hearing aids and diabetic testing supplies.

- 1. If you are issued a Benefits Debit MasterCard because you do not have active insurance or you did not exhaust your benefit amount with insurance premiums, most healthcare expense transactions should automatically be approved. However, if a transaction is not approved using the benefits card, then qualified healthcare expenses or services may be submitted for reimbursement using a reimbursement claim form. You must attach a copy of the itemized verification for each qualified medical expense or service not successfully approved by the Benefits Debit MasterCard, if provided.** Generally, verification should contain (1) patient (covered individual) name; (2) date item was purchased or service was provided; (3) description of expense or service; and (4) out-of-pocket amount. Acceptable forms of verification include (1) an explanation of benefits (EOB); (2) an itemized billing or statement from your provider; or (3) a detailed receipt for prescription or over-the-counter (OTC) medications. Cancelled checks, credit card or debit card receipts, balance forward or payment on account statements, and documentation which indicates that final insurance payment has not yet been determined are not acceptable. **NOTE: Please do not use a highlighter** on your expense receipts. If you want to identify certain items on your receipts, circle the items with a regular pen instead. *Highlighting often appears illegible on faxes and electronic imaging equipment used to process your claim.*
- 2. If you have a benefit card, you will only have access to rollover funds, if any, the first week of January. You will not have access to 2025 funds until after insurance premium checks for the new benefit year have been issued, which is typically mid January.**

In most ways, your card works just like any debit card. There are three important differences:

1. First, its use is limited to specific merchants based on the benefit account, and to expenses deemed eligible by the Plan;
2. Second, you cannot use it at an ATM, or to obtain “cash back” when making a purchase; and
3. Third, you are not given a PIN with this card. Should a merchant or provider ask you for a PIN, just explain that this particular card does not have one. When given the option between debit and credit at the terminal, choose “CREDIT”.

You can use your Benefit Debit MasterCard at certain healthcare and non-healthcare merchants. A healthcare merchant includes medical providers such as doctors, dentists, vision care facilities, and other locations that sell only medical services/products. A non-healthcare merchant is any retailer who may carry healthcare products along with other product lines. Examples of non-healthcare merchants include: grocery stores, mass merchandisers, and pharmacy stores.

Your Benefit Debit MasterCard is designed to work at both healthcare and non-healthcare merchants who have a healthcare inventory approval system in place (IIAS) that allows them to determine if purchased items are eligible at the point of sale. Since this inventory system will only allow you to purchase eligible items with your card, you will not need to provide receipts or other documentation to substantiate the eligibility for purchases. If, however, your card does not work or does not authorize your full transaction, it’s probably because some or all of your items are ineligible. You can have the merchant try ringing up the eligible items separately, or you may need to provide receipts or other documentation before reimbursement is received. (See Item (5) under Instructions for Submitting Claims.)

City of Delray Beach Police, Firefighters & Paramedics Retiree Benefit Fund

Submit via Secure Document Upload or USPS mail: Anchor Benefit Consulting, Inc. | PO Box 945260 | Maitland, FL 32794 |

Additional Benefit Cards: A Benefit Debit MasterCard is issued to retirees at no cost. However, if you wish to request an additional card for a spouse, a card may be issued in their name for a fee of \$5.00. This fee would be deducted from your benefit amount.

Your Benefits Debit MasterCard is valid for up to three years from the date of issue. Be sure to retain your card since it will be reloaded each benefit year. Note, unused benefit amounts do rollover.

Communications from Anchor Benefit Consulting, Inc.

Anchor Benefit Consulting, Inc. provides several forms of participant communication during the claims process. For example:

1. Anchor Benefit will send the annual benefit application, affidavit and reimbursement forms along with instructions each year for submission.
2. Anchor Benefit may provide you with a **paper** EOB after your claim has been processed. If you've authorized e-communication on your account via the benefits portal during registration, Anchor Benefit will send you an e-mail notification that your **electronic** EOB is available online.
3. If Anchor Benefit is unable to substantiate or verify a claim for benefits, the claims department will send you a request for more information along with a reimbursement claim form for you to complete.
4. Each year, Anchor Benefit will conduct an insurance premium audit for insurance premiums disbursed via check.

Questions? Contact the third-party administrator, Anchor Benefit Consulting, Inc., at **1-800-845-7629**.