



# West Palm Beach PBA Retiree Health Benefit Fund

## Request for Reimbursement of **Non-Recurring** Expenses

### Part A: Participant Information

Participant Name (Last Name, First Name, MI)

Address

Social Security Number

City, State Zip

Phone Number

Email Address

### Part B: Request to Reimburse Non-Recurring Expenses

Use this section to request reimbursement of a non-recurring expense (e.g. co-payments, medications, out-of-pocket expenses).

#### Summary of Qualifying Medical Expenses

Date Expense Incurred*	Name of Member or Dependent	Relationship	Service Provider	Description of Service	Amount to Reimburse
*Incurred date is the date of service, not the billing or the payment date.				<b>TOTAL REIMBURSEMENT:</b>	<b>\$</b>

The administrator processes all reimbursement claims monthly. Eligible claims received by the 10<sup>th</sup> day of each month will process on the 1<sup>st</sup> business day of the **NEXT** month.

#### **READ CAREFULLY AND SIGN BELOW FOR PROCESSING.**

I hereby certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by the participant, the participant's spouse, or the participant's eligible dependents while the undersigned was eligible to receive benefits through the West Palm Beach PBA Retiree Health Benefit Fund.

#### **I further certify the following:**

- The medical expenses have not been reimbursed and are not reimbursable under any other health/dental plan or Medicare.
- I understand that I cannot deduct any reimbursed expenses on federal or local income tax returns.
- I am responsible for requesting cessation of automatic reimbursement of recurring expenses when I no longer incur those expenses, and I will retain sufficient documentation for all such expense. The Benefit Fund reserves the right to periodically request additional documentation for recurring expenses.

I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim. I understand that I will be liable for payment of all related taxes, including any Federal, state or local income tax on amounts paid from the West Palm Beach PBA Retiree Health Benefit Fund for non-qualifying medical expenses.

Participant Signature

Date