

IUOE LOCAL 15 WELFARE FUND

44-40 11th Street, Long Island City, New York 11101

Health Reimbursement Arrangement Request Form

Participant Information – Missing information may delay the processing of your reimbursement.

Name Home Phone

Medical ID Number: UVW Cell

Reg. Number: Email address

For a listing of qualified reimbursable expenses in accordance with the Internal Revenue Service (Publication 502 dated January 11, 2022), please see reverse side of this form. As a reminder, effective 01/2011 vitamins and over the counter drugs are not reimbursable without a prescription from your physician.

Only completed forms that are accompanied with appropriate detailed documentation for claims incurred on or after July 1, 2008 can be reimbursed.

Code Type	Date(s) Expense incurred or range of dates	Products/service Provider <i>Feel free to add all expenses for a Plan Type together as one claim</i>	Person Receiving Product/Service	Claim Amount	Receipt Attached	
					Accepted	Denied

NOTES:

Total Reimbursement Requested

Code Types: [1] Medical [2] Dental [3] Optical [4] RX
 [5] Medical Copay [6] RX Copay [7] Premium Payment
 [8] Deductible [9] Medicare Deductible
 [10] Other-Must Specify

Office Use Only:

Total Approved: _____
 Check No.: _____
 Initials _____ Date _____

Participant Certification

I hereby state that all of the information provided herein is true and accurate. I certify that the reimbursement requests submitted are IRS eligible expenses and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that the Welfare Fund, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement. I authorize a deduction from my account in the amount of the reimbursement. I have received the services described above on the dates indicated, have not altered any document submitted in support of this application, and the expenses are legitimate "out-of-pocket" expenses which I have incurred and which qualify as valid expenses under the Plan. I acknowledge and understand that if I provide any false or misleading information as part of this application, I will be subject to written charges pursuant to the Local 15 Bylaws and the IUOE Constitution that could result in my suspension or expulsion from Local 15. I also understand that the Welfare Fund reserve the right to pursue civil or criminal legal action against me in the event that any of my actions or information contained herein is determined to be fraudulent and I shall indemnify the Welfare Fund and be personally liable for all attorneys' fees and costs associated with any such legal action.

Participant Signature

Date

Internal Revenue Service has approved the following qualified expenses as reimbursable items
(Pub. 502 1-11-22).

<ol style="list-style-type: none"> 1. Abortion 2. Acupuncture 3. Alcoholism – Inpatient 4. Allergy products – with physician prescription 5. Ambulance 6. Annual Physical Exam – see Physical Exams 7. Artificial Limbs and artificial teeth 8. Bandages and other medically necessary supplies 9. Birth Control - with physician prescription including Vasectomy, Tubal Ligation, Norplant insertion/removal 10. Body scans – with physician prescription 11. Braille Books and Magazines – excess cost of regular printed books for visually impaired 12. Breast Pumps and Supplies to assist lactation 13. Breast Reconstruction & Prosthesis or special bras following mastectomy for cancer 14. Capital Expenses – Home equipment or improvement for medical care for you, your spouse or dependent. Subject to reduction for increase in property value. Must be reasonable and not for aesthetic reasons (see Pub. 502) (Proof Required) 15. Car – cost of special controls and/or other equipment for person with a disability. Also the cost difference between specially equipped car and regular car. See Transportation for includible costs. (Proof Required) 16. Childbirth Classes by certified childbirth educator 17. Chiropractic office visit and treatment 18. Christian Science Practitioner 19. C.O.B.R.A. Payments 20. Co-insurance payments associated with medical, dental, vision and prescription services. 21. Condoms and spermicides with physician prescription. 22. Contact lenses, cleaning solutions, etc. 23. Contraceptives – see Birth Control 24. Co-payments associated with medical, dental, vision and prescription services. 25. Corneal keratotomy – see Laser Eye Surgery 26. Counseling for treatment of a medical condition 27. Crutches (purchase or rental) 28. Deductible payments associated with medical, dental, vision and prescription services. 29. Dental treatments to prevent & alleviate disease 30. Diagnostic services & devices with prescription 31. Disabled Dependent Care Expenses 32. Drug addiction treatment –inpatient 33. Drugs – see Prescription Drugs 34. Dyslexia treatment – see Special Education 35. Eye examinations – see also Laser Eye Surgery 36. Eyeglasses with prescription (including sunglasses) 37. Fertility treatment (for participant, spouse, or dependent) 38. Flu shots, vaccinations and immunizations 39. Founder's Fee – see Lifetime Care – Advance Payments 40. Guide Dog Training and Care for visually, hearing or other physically impaired person. (Proof required) 41. Health Institute with physician prescription 42. Hearing aids, batteries and repairs 43. Home health care aide by licensed HHC agency 44. Home Improvements – see Capital Expenses 45. Hospital services 46. Infertility treatment – see Fertility Treatment 47. Insulin, testing materials and equipment 48. Insurance Premiums – such as Medicare Parts B & D 49. Intellectual and Development Disabled – Special home recommended by psychiatrist 	<ol style="list-style-type: none"> 50. Laboratory fees 51. Lactation Expenses– see Breast Pumps & Supplies 52. Lamaze classes – see Childbirth Classes 53. Laser Eye Surgery (Lasik, Ortho/Corneal keratotomy) 54. Lead-Based Paint Removal – to prevent child who has/had lead poisoning from eating the paint. 55. Learning disability treatments – See Special Education 56. Legal Fees – to authorize treatment of a mental illness 57. Lifetime Care – Advance Payments that you pay monthly or with a lump sum (call for more info) 58. Lodging/Meals – at hospital to receive medical care 59. Long-term care services and/or premiums 60. Medical Conference –for chronic illness – all dependents 61. Medical Equipment and Supplies - for treatment of medical condition including repairs 62. Medical monitoring and testing devices 63. Nursing Services & Nursing Home – for home care or at care facility - for self or dependent 64. OB/GYN fees 65. Occlusal guards to prevent teeth grinding 66. Office visits - Physician or P.A. 67. Operations & Surgery (excluding cosmetic) 68. Optometrist & Ophthalmologist fees 69. Organ Transplants (recipient and donor) 70. Orthodontia (Adult and child) 71. Osteopathy – drug free manual medicine- musculoskeletal 72. Ovulation monitor (over the counter) 73. Oxygen as necessary with physician's advice 74. Physical Exams & tests includes well visits 75. Pregnancy test (over the counter) 76. Premiums for medical insurance policies 77. Prescription drugs and Insulin 78. Prescription drugs – from other countries if FDA allows 79. Prosthesis – includes limbs, teeth & breast reconstruct 80. Psychiatric care, psychoanalysis and psychologist fees 81. Removal of benign mole, cyst or tumor 82. Smoking cessation (programs/counseling) 83. Smoking cessation drugs, gum or patches with a physician prescription 84. Special Education – with physician's recommendation, pay for tutoring learning disabled caused by mental or physical impairments or dyslexia 85. Sterilization – see Birth Control 86. Student health fees (for medical services) 87. Surgery (excluding cosmetic) 88. Teeth – artificial 89. Telephone – special equipment such as TTY & TDD 90. Television – device that displays audio as subtitles for hearing impaired 91. Therapy for treatment of a medical condition such as physical, speech or occupational 92. Transplants – see Organ Transplants 93. Transportation – essential to medical care. Actual expenses or daily mileage rate. 94. Trips – another city - \$50/night per person lodging if essential to receive medical benefits 95. Tuition – see Special Education 96. Varicose Veins – medically necessary surgery 97. Vitamins with a physician prescription 98. Weight-Loss Programs – to treat physician diagnosed disease, not for gym, health club or spa membership- (Proof Required) 99. Wheelchair & repairs – to relieve sickness or disability 100. Wigs with physician advice after total hair loss resulting from disease. 101. X-Rays- for medical reasons
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Non-Eligible Expenses – Baby Sitting, Controlled Substances, Cosmetic Surgery, Dance Lessons, Diaper Service, Electrolysis, FSA's, Funerals, Future Medical Care (except Lifetime Care or Long Term Care), Hair Transplant, Health Clubs, HSA's, Household Help, Illegal Operations and Treatments, Maternity Clothes, Medicines from Other Countries, Non-Prescription Drugs, Nutritional Supplements, Personal Use Items, Swim Lessons, Teeth Whitening, Veterinary Fees and Weight Loss Programs (other than as described at # 98 above).