Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund Health Reimbursement Account Reimbursement Request Form

Your Name Member's Name (if different)		Your SSN	
		Phone # ()	
Your Address			
REQUEST FOR REIMBUR	SEMENT OF	ELIGIBLE EXPENSES	
MEDICAL EXPENSES	\$		
DENTAL EXPENSES	\$		
OPTICAL EXPENSES	\$		
OTHER QUALIFYING EXPENSES	\$		
TOTAL EXPENSES	\$		
Your eligible expenses must total at reimbursements, but your total eligible expenses reimbursement. You must submit another than \$50 in eligible expenses. Reimbursement and later than 12 months following the dat the reverse side of this form for a list of expenses.	penses are less reimbursement ment requests ate on which the	than \$50, you will not be eligible for t request after you have incurred more must be received by the Fund Office e expenses were incurred. Please see	
By signing this request form, you certify deduction for the expenses submitted reimbursed for such expenses from an expenses for reimbursement on a prior while you had Active Employee, Retiree, (provided you had an HRA prior to become	d for reimbunother source; request form; , or COBRA co	rsement; (2) you have not been (3) you have not submitted these and (4) you incurred these expenses ontinuation coverage under the Fund	
SIGNATURE:		DATE:	

Submit signed and completed form to:

Automobile Mechanics' Local 701 Welfare Fund c/o BMGI 1200 Jorie Blvd, Suite 206 Oak Brook, IL 60523

Examples of Expenses That Are Eligible for Reimbursement from Your HRA

- Payments for coverage, including COBRA self-payments, Retiree self-payments, and premiums paid by your spouse for other coverage;
- Out-of-pocket Plan costs, such as deductibles, co-payments, and co-insurance;
- Healthcare expenses not covered, or only partially covered under the Plan, such as LASIK surgery, cataracts, orthodontia, and expenses that exceed benefit maximums;
- Smoking-cessation programs, including prescribed medications designed to help with stopping smoking;
- Massage therapy provided by a state licensed massage therapist;
- Premiums paid for disability, or long-term care insurance;
- For a complete list of eligible expenses, please see Publication 502 prepared by the Internal Revenue Service.

Examples of Expenses That Are NOT ELIGIBLE for Reimbursement From Your HRA

- Automobile Insurance;
- Bottled water;
- Controlled substances (such as marijuana) that are in violation of federal laws;
- Cosmetic surgery or other similar procedures, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, personal injury resulting from an accident or trauma, or disfiguring disease. Cosmetic surgery means any procedure that is directed at improving the patient's appearance and does not fully promote the proper function of the body or prevent or treat illness or disease:
- Cosmetics, toiletries, toothpaste, etc.;
- Dental bleaching;
- Diapers or diaper service;
- Expenses incurred before you are eligible to participate in the Plan;
- Funeral or burial expenses;
- Health club or fitness program dues;
- Home or automotive improvements;
- Household and domestic help;
- Long-term care services;
- Nurse expenses to care for a healthy newborn at home;
- Over-the-counter items, drugs or medications;
- Social activities (such as dance lessons);
- Transportation services (such as, but not limited to, transportation to receive Medical Care);
- Uniforms or special clothing;
- Weight loss programs for general health or appearance;
- Any expenses that do not constitute "Medical Care" under Internal Revenue Code Section 213 and regulations thereunder;
- For more examples of expenses that are not eligible for reimbursement, please see Publication 502 prepared by the Internal Revenue Service.