

ONE-TIME REIMBURSEMENT CLAIM FORM

USE THIS FORM for reimbursement of any eligible expenses. You should only choose this option for your premium reimbursement if you have NOT established an Automatic Premium Reimbursement or Recurring Premium Reimbursement claim for the premium expense.

Remember, for a faster, more convenient method, submit online, using the website shown in your Reimbursement Instructional Guide. Alternately, you may submit the completed claim form through one of the following methods:

Mail: Mercer Health & Benefits Admin.,
P.O. Box 14401, Attn: Claims Department
Des Moines, IA 50306-3401

Fax: 1-857-362-2999, Attn: Claims Department

Please include the participant's name in all correspondence, regardless of submission method. If mailing, retain all originals and only mail copies.

A One-Time Reimbursement claim provides a single reimbursement for any eligible expenses. Please refer to your company-specific plan rules for details on medical expenses your plan allows.

Eligible reimbursement requests may include deductibles and copays or other qualifying out-of-pocket expenses such as Medicare Part B premium if allowed by your plan.

Documenting Your Reimbursement Request — All reimbursement requests require third-party documentation showing each item below:

FOR OUT-OF-POCKET EXPENSES:

- Covered Participant Name (e.g. John Doe)
- Provider Name
- Date of Service (e.g. 01/01/20xx)
- Expense Type (e.g. Medical premium, office visit co-pay, etc.)
- Proof of Expense Amount (e.g. invoice or receipt from provider that identifies the participant name and service date and description, an Explanation of Benefits from insurer that identifies amount owed by participant)

FOR PREMIUM EXPENSES:

- Covered Participant Name (e.g. John Doe)
- Insurer Name
- Premium Type (e.g. medical, dental)
Date of Coverage (e.g. 01/01/20xx–12/31/20xx)
- Premium amount (e.g. statement or invoice from insurer)

For Medicare premiums deducted from your Social Security check, use the Social Security Benefit Award Letter issued by the Social Security Administration (SSA) each year, usually during the month of October or November, as your third party documentation. **Watch for this document to arrive in the mail.**

Account Holder Information:

The account holder may be the retiree or spouse, depending on your plan's rules. If you have a Household account, the primary account holder must sign; if you have an Individual account, the individual account holder must sign his or her own form. Please refer to the letter you received from Mercer Marketplace 365+ Retiree to understand if you have a Household or Individual account. Call Mercer if you have questions about your account type.

Reimbursement Request Information:

Complete this section on the front page to indicate:

- Date of Service (format must follow mm/dd/yyyy. For example, if the premium expense is due on the first of the month, the date of service listed should be 01/01/2020)
- Type of Expense
- Covered Participant Name
- Relationship to the account holder
- Amount Requested

Certification Requirement:

Carefully read the certification requirements before signing. Your reimbursement request cannot be processed without the signature of the account holder

Direct Deposit!

Expedite your payments by signing up for direct deposit today. Refer to your Reimbursement Instructional Guide for instructions on how to log into the portal and complete the necessary information for your reimbursements to be made by direct deposit.