IAFF MERP
MEDICAL EXPENSE REIMBURSEMENT PLAN

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Frequently Asked Questions regarding 2024 Annual Verification

Q: Do I have to submit a claim form?
A: Yes, you must submit a claim form every year. This proves you are still eligible to receive a benefit and are not working for a contributing employer. This also provides us with your current address.

a. If you have a claims bank, meaning you have submitted more than your monthly benefit and we are paying you, you still need to submit a new claim form to prove you are still eligible.

Q: Do I have to submit monthly proof of premium payment?
A: Yes. Per the new rules under the IRS code, the Trust is required to get monthly proof of premium payments in order for you to continue to be reimbursed. We will be extending the requirement for Proof of Premium payment from January 25, 2024 to April 25, 2024.

Q: **Are there any exceptions?**
A: One exception is if you are on Medicare. You just need to provide proof of your current deduction. This letter should have been mailed to you in December.
A: Another exception is if you have retiree coverage under the IAFF Health & Wellness Trust or another Trust administered by Vimly.

Q: When is the 2024 Annual Verification due?
A: We will be extending the requirement for Proof of Premium payment from January 25, 2024 to April 25, 2024. You will still need to submit your annual claim form in order to be reimbursed for 2024. You will need to submit monthly proof of premium payments starting April 2024 in order to continue to be reimbursed.

Q: What happens if I do not submit my annual verification?
A: If you do not submit your annual verification, payments will stop until you submit a new claim form with proof of each month of premiums

Q: What do I put in the "amount requested"?
A: You can put your monthly benefit amount **OR** your premium amount

Q: Do I need to fill out the direct deposit form?
A: Only if you have new bank information or wish to change where your funds are deposited.

Q: Can I now submit Pre-tax premiums?
A: Yes, pre-tax premiums will be accepted effective with 1/1/2024 proof of premiums. You must notate this on the claim form.

Q: How do I know if it is a pre-tax premium?
A: You will need to look at your paystub under deductions. If it shows pre-tax you must claim this as pre-tax and you will receive a 1099 form in January of the following year to claim as taxable income.

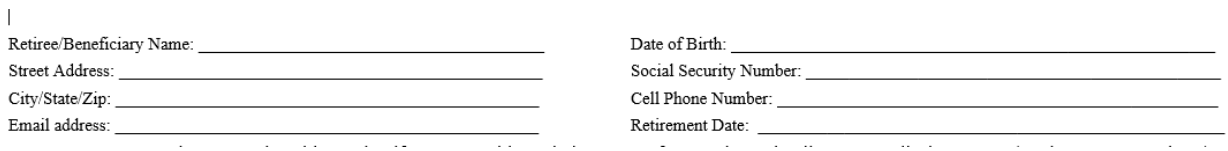
Q: If I don't receive payment verification until after the 25th, what happens with my MERP reimbursement?
A: Once you submit your proof of premium and submit to the Trust Office it will be reimbursed with the next payment cycle.

Q: What is the claims deadline?
A: The Trust Office must receive your proof by the 25th of the month for payment by the 15th of the following month.

Q: What if my premium amount exceeds my monthly benefit amount?
A: If your premium cost exceeds your monthly benefit, we can continue to pay you until your initial proof is exhausted; at which time you must submit additional proof of payment.

> **Example**: if your monthly benefit amount is $200 and your premium is $1,000, you would only need to submit your proof of premium every 5th month. The Trust Office will pay you the $200 a month until the $1000 is paid out.

Q: Do I need to include everything at the top of page 1 of the claim form?


Retiree/Beneficiary Name: _____ Date of Birth: _____
Street Address: _____ Social Security Number: _____
City/State/Zip: _____ Cell Phone Number: _____
Email address: _____ Retirement Date: _____

A: All information is needed to be filled out at the top of page 1 of the claim form. **NOTE:** We do not need your full SSN, the last four are sufficient

Q: What is the first box for on the claim form?

and additional pages, if necessary.

Service Date	Provided *For* (Circle one or more)	Service or Supplies Provider	Type of Medical Service or Supplies (check one or more)	Amount Requested	Administrator Use Only
	Name:_____ Self ☐ Spouse ☐ Child ☐		☐Dental ☐ Vision ☐ Premium ☐Other ☐ Deductible ☐ Rx	$_____.__	
	Name:_____ Self ☐ Spouse ☐ Child ☐		☐Dental ☐ Vision ☐ Premium ☐Other ☐ Deductible ☐ Rx	$_____.__	
	Name:_____ Self ☐ Spouse ☐ Child ☐		☐Dental ☐ Vision ☐ Premium ☐Other ☐ Deductible ☐ Rx	$_____.__	
			TOTAL REQUESTED*	$_____.__	

Premiums: Please complete the following Section if you are requesting reimbursement for insurance premiums. You must submit this Claim Form annually alon

A: This box is used for items you are submitting such as co-pays, deductibles, pharmacy receipts, etc. Please include as much information as possible.

Important: Receipts must include patient name, date of service, type of service, provider name and payment amount by the participant.

Q: What is the second box for on the claim form?

surance carrier documentation to the Trust Office via email to [illegible].

Type of Premium	Provided *For* (Circle one or more)	Insurance Carrier	Paid PRE-Tax Amount	Paid POST-Tax Amount
	Name:_____ Self Spouse Child		$_____.__	$_____.__
	Name:_____ Self Spouse Child		$_____.__	$_____.__
	Name:_____ Self Spouse Child		$_____.__	$_____.__

Total Monthly Premium Reimbursement Requested* $_____

I request the following amount as a taxable benefit payment until I submit a new Claim Form $ _____ **(See #7 instructions p.3)**

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A: This box is used for premiums such as medical, dental, vision, prescription and eligible long-term care premiums. You will need to note if it is pre-tax or post tax.

Q: How do I submit my claim form and documentation?

A: You can submit your claim form and documentation via the regular mail, upload through the SIMON® portal, email or fax.

Q: When is the claims deadline?

A: Claims for dates of service in 2023 must be postmarked by March 31st, 2024 in order to be reimbursed.