

**INSTRUCTIONS: Complete ALL Sections (A-D) on the Health Reimbursement Account (“HRA”) Claim Form (“Form”). A separate Form must be completed for each Individual (e.g. one for yourself, your Spouse, and each Dependent Child). Please read the Program Summary before submitting your Form.**

**SECTION A – Participant/HRA Account Holder Information**

Name:		Last 4 Digits Social Security Number: XXX-XX-_____	
Mailing Address:			
Contact Phone Number:	Email Address:		

**SECTION B – Claimant Information (Individual this Form is for)**

Name: \_\_\_\_\_

Relationship to Participant/HRA Account Holder:

Self

Dependent Spouse    Date of Birth \_\_\_\_\_

Dependent Child    Date of Birth \_\_\_\_\_

On the Date of Service(s) the above-named Claimant (check one only):

Had insurance under the Northern California Pipe Trades Health and Welfare Plan.

Had other Group Health Coverage (e.g. Spouse’s group health plan or parent’s group health plan).  
Complete the information listed below:

Employer Name: \_\_\_\_\_

Insurance Group Number: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

**SECTION C - Acknowledgment**

I understand that benefits shall be paid in accordance with the HRA Plan eligibility requirements, the Internal Revenue Code and IRS guidelines, and limitations established by the Board of Trustees. I hereby certify that: (1) if the claimant listed above is a Spouse or Dependent, they were eligible as a qualified Dependent under the terms of the Plan at the time that the expenses were incurred (see attached Eligibility Requirements); (2) information provided on this Form is true and correct; and (3) amount of this submitted claim is an accurate statement of my unreimbursed qualified expenses. I further acknowledge and agree that any claim submitted fraudulently could result in my termination from the Plan and/or other legal action. I have received, reviewed, and understand the Plan information provided.

Participant/HRA Account Holder’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Administrative use only:**

Control ID:	Processing Date:	Disp:	Init:
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<b>Participant/HRA Account Holder Name:</b>	<b>Claimant Name:</b>
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**SECTION D – List expenses below and include copies of supporting document(s) with this Form.**

<b>Type of Service</b> (Medical, Dental, Vision, Prescription, Self-Payment, Medical Premium, etc.)	<b>Provider’s Name</b>	<b>Date of Service</b> (MM/DD/YY)	<b>Amount of Claim</b>

<b>TOTAL:</b>
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**If you have questions, contact NWPS at 855/512-1170.**  
**Return completed Form and supporting document(s) by mail, fax, or email:**  
**Mail:** NCPT Health and Welfare Plan HRA Accounts  
**160 W. Santa Clara Street, Suite 1550**  
**San Jose, CA 95113-1734**

**Fax:**  
**408/298-1180**

**Email (PDF Format):**  
**HRA@nwpsbenefits.com**

**What is a Health Reimbursement Account?**

The Health Reimbursement Account (“HRA”) program creates and maintains an individual account for each qualifying Plan Participant for whom Employer contributions are made under a Classification that provides HRA contributions. The purpose of the HRA is to enable you to build up an account balance that will be available to help pay eligible out-of-pocket healthcare costs.

**How will my HRA be funded?**

Each qualifying Participant will have an account based on hours worked under a Job Classification that provides HRA contributions determined by the Collective Bargaining Agreement.

**How will I be informed of my HRA balance?**

A statement of your HRA Account Balance is mailed out semi-annually. The Balance can also be reviewed online at <https://nwps.lh1ondemand.com>.

**Eligibility Requirements**

- 1) You establish an account at the time contributions are reported under a Job Classification that requires your Employer to contribute to the HRA on your behalf for covered work pursuant to the applicable Collective Bargaining Agreement.
- 2) You become eligible after you gain Initial Eligibility and enroll in the Northern California Pipe Trades Health and Welfare Plan.
- 3) A Dependent under the HRA program is defined as a Federal Tax Dependent as reported on Form 1040 who is enrolled as an eligible Dependent in the Northern California Pipe Trades Health and Welfare Plan or other qualified Group Health Coverage.
- 4) Claims for your eligible Dependent(s) may be eligible on the later of: (a) the date you become eligible; or (b) the date the eligible Dependent is enrolled in the Northern California Pipe Trades Health and Welfare Plan.
- 5) You and your eligible Dependent(s) **must** have been enrolled in an Employer-sponsored Affordable Care Act (“ACA”) compliant Group Health Plan (such as the Northern California Pipe Trades Health and Welfare Plan) and have been eligible for coverage under said health plan on the Date of Service. (Being enrolled in an individual health plan such as Covered California would not be considered enrollment in an Employer-sponsored ACA compliant Group Health Plan and would not permit you to use the HRA or be eligible for the HRA).
- 6) Pursuant to ACA rules, any Participant with an HRA balance is permitted to permanently opt out of voluntary individual contributions outside of Employer mandated contributions, and waive future reimbursements from their account on an annual basis.
- 7) Upon termination of employment, the remaining amounts in your account may be either forfeited, or you are permitted to permanently opt out of and waive future reimbursements from your HRA.

As stated in the Northern California Pipe Trades Health and Welfare Summary Plan Description / Plan Document, Domestic Partners, Children of a Domestic Partner, and Dependents covered through legal guardianship are not eligible Dependents under the HRA. The Summary Plan Description / Plan Document and Summary of Material Modifications are available on the Trust Fund Office website at [www.ncptf.com](http://www.ncptf.com). Reimbursement can only be made for expenses that are incurred on or after the date you, your Spouse, and/or your Dependent(s) become eligible.

**Maximum Benefit**

The maximum amount payable can never be more than the current balance in your HRA.

**What can I use the HRA for?**

The HRA may be used to reimburse you (your Provider cannot be paid directly) for only eligible medical, dental, orthodontia, vision, hearing aid, or prescription expenses which would otherwise not be payable under the Northern California Pipe Trades Health and Welfare Plan, as permitted by IRS rules and provisions. Refer to the list of HRA Eligible and Ineligible Expenses enclosed.

**What expenses are not allowed?**

Reimbursements made under the HRA are subject to IRS rules and regulations regarding the definition of expenses which may be included in medical expense deductions. Refer to the enclosed list of HRA Eligible and Ineligible Expenses for a brief list of expenses **not payable** under the HRA.

**What is Acceptable Supporting Documentation?**

Not all health-related expenses qualify for tax-free treatment under Internal Revenue Codes (“IRC”). Only amounts that are paid specifically to reimburse qualified expenses as defined under IRC section 213(d) receive tax-favored treatment. Therefore, to provide certainty that a particular expense is for a qualified expense within the meaning of the IRC, all claims for expense reimbursements must be substantiated with supporting documentation. Documentation *must* include Provider name, claimant name, date of service, type of service, billed and paid amount for the service, amount covered by insurance, and amount paid out-of-pocket.

Copies of credit/debit card receipts, check copies, or bank statement transactions without a supporting service statement(s) are **not** acceptable documentation. Balance Due Statements, Balance Forward Statements or Collection Notices without complete service details (claimant name, date of service, type of service, amount covered by insurance and amount paid out-of-pocket) are **not** acceptable documentation.

Expenses that do not include acceptable documentation will be returned to the Participant for additional information. The expenses will not be reimbursed until the required information is received.

<b>Type of Reimbursement</b>	<b>Documents Required</b>
Medical Copayments	Copy of your Medical Copayment summary or Explanation of Benefits (“EOB”) including copy of your eligible Dependent(s) EOB and Group Policy Number (if applicable).
Dental / Orthodontic Copayments	Copy of Dental EOB. In the case of Orthodontic services, details of the treatment plan (duration, payment schedule, etc.) will be requested if not previously supplied.
Vision Copayments	Copy of your Vision Plan itemized receipt showing your out-of-pocket expenses.
Prescription Copayments*	Copy of the Pharmacy Insurance receipt reflecting the patient’s copayment or a printout from your pharmacy.
Active Subsidized Self-Payments / COBRA	Copy of Northern California Pipe Trades Trust Fund Office payment stub with a copy of check or money order made payable to NCPTTF, or the receipt from submitting an online Credit Card payment.
Retiree Health and Welfare Premium Payments	Copy of Northern California Pipe Trades Trust Fund Office payment stub and copy of check or money order made payable to NCPTTF or copy of Northern California Pipe Trades Pension Trust Electronic Funds Transfer (“EFT”) Statement.

**\*Kaiser Prescription Co-payments** – Kaiser stopped including the patient’s name on their prescription payment receipts. Payment receipts that do not include the patient’s name are **not** sufficient documentation. An insurance receipt for prescriptions can be requested from Kaiser by phone, email, or by visiting any of the Kaiser locations. Contact information for each location can be found at [www.kp.org](http://www.kp.org).

**What happens if I cannot provide supporting documentation or my claim for reimbursement is denied?**

The same claims and appeals rights in the NCPT Health and Welfare Plan Rules apply to HRA claims denials. If your claim is denied, you can file an appeal pursuant to the Plan’s Claims and Appeals Procedures. Refer to Article XXIV of the Summary Plan Description / Plan Document. For a copy, contact the Trust Fund Office or visit their website at [www.ncpttf.com](http://www.ncpttf.com).

**What happens to my HRA after I retire?**

You will still be able to use your HRA after retirement for you and your eligible Dependents for eligible expenses, including for reimbursement of your Retiree Health and Welfare Premium Payments and your Medicare Part B and Part D Premiums.

**What happens to my HRA in the event of my Death?**

- 1) Eligible Surviving Dependent(s) (defined as a covered eligible Dependent Spouse, Child, or a Dependent within the meaning of IRC Section 152) will continue to have access to the account and receive reimbursements for related Qualified
- 2) Expenses incurred under this Plan or another Group Health Plan. Claims for reimbursement by any Surviving Dependent(s) with qualifying medical expenses incurred under this Plan or another Group Health Plan can receive reimbursements until the remaining account balance is exhausted.

- 3) A deceased Participant’s estate may submit reimbursement of Qualified Expenses incurred before the date of death. Claims must be made within 6 months from the Participant’s date of death. Any remaining balance after the 6 months will be forfeited and revert to the Plan to be used for administrative expenses.

**What happens if I have a small account balance?**

For any account with a balance of \$10 or less, if no contributions are received for a 12 consecutive month period, the account will be permanently forfeited, and the balance will revert to the Plan to be used for administrative expenses.

**Am I allowed to receive cash benefits?**

NO. In no event will benefits be provided in the form of cash other than reimbursement for eligible expenses unless permitted by future Internal Revenue Code or Lawful regulations issued thereunder.

**Affordable Care Act Form 1095-B (Proof of Health Coverage Through HRA)**

If a Participant or Eligible Dependent is covered under the NCPT Plan’s HRA but is enrolled through another Group Health Coverage (other than the NCPT Health and Welfare Plan), they will receive a Form 1095-B pertaining to HRA coverage.-The Form 1095-B is intended to assist you in reporting your health coverage when you file your California income tax return.

**Processing Time**

Generally, reimbursements for eligible claims filed (with all necessary documentation) by the end of a calendar month, will be issued by the 15th of the next month.

**Questions**

Contact NWPS at 855/512-1170.

**Return completed Form and supporting document(s) by mail, fax, or email:**

Mail:	Fax:	Email (PDF Format)
NCPT Health and Welfare Plan HRA Accounts	408/298-1180	HRA@nwpsbenefits.com
160 W. Santa Clara Street, Suite 1550		
San Jose, CA 95113-1734		

**IMPORTANT: Please refer to your copy of the Summary Plan Description (which is also the Plan Document) for more details on the Plan’s HRA rules.**

# HRA ELIGIBLE EXPENSES: What's Eligible?

The IRS defines eligible health care expenses as amounts paid for the diagnosis, cure, mitigation or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental health condition or illness. They don't include expenses that are merely beneficial to general health, such as vitamins or a vacation. The products and services listed below are examples of medical expenses eligible for payment under a Health Reimbursement Account. This list is *not meant to be all-inclusive*. Moreover, items could be on the list that are not covered by this Plan. Such expenses must be medically necessary. IRS regulations could also change this list. Some example of ineligible expenses are also listed. Please visit <https://www.irs.gov/pub/irs-pdf/p502/pdf> for more information.

## Eligible Expenses

### MEDICAL PREMIUMS

Active Subsidized Self-Payments  
COBRA  
Medicare Part A and B

### DENTAL SERVICES

Dental X-Rays  
Dentures  
Exams/Teeth Cleaning  
Extractions  
Fillings  
Gum Treatment  
Oral Surgery  
Orthodontia/Braces  
Crowns/Bridges

### MEDICAL TREATMENTS/PROCEDURES

Acupuncture  
Alcoholism and Drug Addiction (inpatient treatment)  
Breast Reconstructive Surgery  
Hearing Exams  
Hospital Services/Surgeries/Inpatient  
Infertility/Fertility Procedures  
In Vitro Fertilization  
Norplant Insertion or Removal  
Physical Examination (not employment-related)  
Physical Therapy  
Reconstructive Surgery (if medically necessary due to a congenital defect or accident)  
Speech Therapy  
Sterilization  
Transplants (including organ donor expenses)  
Vaccinations/Immunizations  
Vasectomy and Vasectomy Reversal  
Weight Loss Program (prescribed by doctor)  
Well Baby Care

### OBSTETRIC SERVICES

Lamaze Class (child rearing classes excluded)  
Midwife Expenses  
OB/GYN Exams  
OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)  
Pre and Postnatal Treatments

### LAB EXAMS/TESTS

Blood Tests  
X-Rays  
Cardiographs  
Laboratory Fees

Metabolism Tests  
Urine/Stool Analysis

### VISION SERVICES

Optometrist/Ophthalmologist/Optician  
Eye Examinations  
Eyeglasses  
Contact Lenses  
Laser Eye Surgeries  
Artificial Eyes  
Prescription Sunglasses  
Radial Keratotomy/LASIK

### MEDICATION

Insulin  
Prescribed Birth Control and Vitamins  
Prescription Drugs

### PRACTITIONERS

Allergist  
Anesthetist  
Chiropractor  
Christian Science  
Dermatologist  
Gynecologist  
Homeopath  
Naturopath  
Neurologist  
Orthopedist  
Osteopath  
Physician/Specialist  
Psychiatrist  
Psychoanalyst  
Psychologist

### MEDICAL EQUIPMENT, SUPPLIES and SERVICES

Abdominal/Back Supports  
Ambulance Services  
Arches/Orthopedic Shoes  
Contraceptive, prescribed  
Counseling  
Crutches  
Diagnostic Devices (Diabetic test kits)  
Hearing Devices and Batteries  
Hospital Bed and services  
Learning Disability (special school/teacher)  
Medic Alert Bracelet or Necklace  
Oxygen Equipment  
Prescribed Medical//Exercise Equipment

Prosthesis  
Splints/Casts or Support Hose  
Syringes  
Transportation Expenses (essential to care)  
Tuition Fee at Special School for Disabled Child  
Weight Loss Drugs (to treat specific disease)  
Wheelchair  
Wigs (hair loss due to disease)

## Ineligible Expenses

The IRS does not allow the following expenses to be reimbursed. This list is not meant to be all-inclusive.

Baby Sitting or childcare  
Controlled substances such as marijuana  
Contact Lens or Eyeglass Insurance  
Cosmetic Surgery/Procedures  
Cosmetics and similar items  
Dancing/Exercise/Fitness Programs  
Diaper Service  
Electrolysis or hair removal  
Flexible spending account  
Funeral, cremation or burial expenses  
Personal Trainers or Exercise Equipment  
Hair Loss Medication  
Hair Transplant  
Health Club Dues  
Household help  
Illegal operations and treatments  
Insurance Premiums (life insurance or disability)  
Long Term Care Premiums  
Marriage Counseling  
Maternity Clothes  
Personal use items  
Piano, dancing, art and/or ballet lessons  
Vitamins or Nutritional Supplements  
Swimming Lessons  
Teeth Whitening/Bleaching  
Tuition fees and deposits  
Residential nursing homes  
Veterinary fees  
Weight loss programs

Internal Revenue Code Section 213d governs the eligible expenses. IRS Publication 502 is written to help taxpayers determine what qualified expenses can be deducted on their income tax returns.

### Expansion of Qualifying Medical Expenses: Over the Counter Medicines/Drugs and Menstrual Care Products

Pursuant to the Coronavirus Aid, Relief and Economic Security Act (known as the "CARES" Act), the type of qualifying medical expenses that may be purchased with funds or seek reimbursement from an HRA include 1) over-the-counter (OTC) medicines and drugs without a prescription and 2) menstrual care products (defined as tampons, pads, liners, cups, sponges and similar products used by the individual with respect to menstruation).

Dated: Feb. 2023