

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: <input type="checkbox"/> Self <input type="checkbox"/> Dependent Spouse Date of Birth _____ <input type="checkbox"/> Dependent Child Date of Birth _____	
On the Date of Service(s) the above-named Claimant (check one only): <input type="checkbox"/> Had insurance under the Northern California Pipe Trades Health and Welfare Plan. <input type="checkbox"/> 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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Participant/HRA Account Holder Name:	Claimant Name:
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SECTION D – List expenses below and include copies of supporting document(s) with this Form.

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

TOTAL:

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@kandg.com
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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 my.wexhealthcard.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.ncpttf.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 (patient 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.

Type of Reimbursement	Documents Required
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.

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.

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

**NORTHERN CALIFORNIA PIPE TRADES (“NCPT”)
HEALTH AND WELFARE PLAN**

**HEALTH REIMBURSEMENT ACCOUNT
BENEFIT SUMMARY**

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.

- 2) 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@kandg.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](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