

# Understanding Your VantageCare Retirement Health Savings Plan Reimbursement Process

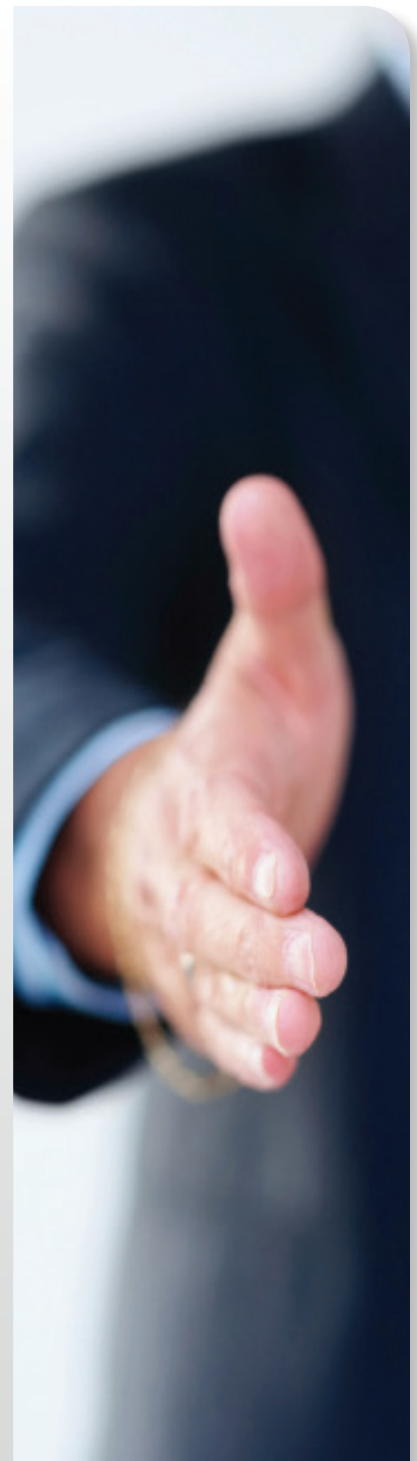
## Congratulations on becoming eligible to claim your benefits!

Before you begin submitting for reimbursement of your eligible medical expenses, it is important that you understand how the VantageCare Retirement Health Savings (RHS) plan reimbursement process works.

### Please follow these steps to help ensure a smooth claims reimbursement experience:

1. Now that you've met the eligibility criteria, because you have retired or as defined by your employer, your employer notifies ICMA-RC by submitting your benefit eligibility date to us.
2. This creates a file with your mailing information, which is provided to Meritain Health (Meritain), the third-party RHS claims administrator. They will automatically generate and send a Welcome Packet to you, and it will include the following attachments:
  - Welcome Letter
  - *VantageCare RHS Plan Employee Benefit Eligibility Form* (for initial claim only)
  - *VantageCare RHS Plan Benefits Reimbursement Request Form*
  - *VantageCare RHS Plan Direct Deposit Authorization Form* (if applicable)
3. You may submit a claim online or by completing the required forms, listed above, and returning them along with your supporting documents to Meritain.
4. Meritain reviews the claim request to confirm the following: your benefit eligibility date, the requested reimbursement is covered based on your RHS account balance, and the expense is allowed by your RHS plan. If these conditions are met, the claim is processed and paid within 10 days. Claims received in good order are typically paid sooner.

If you have questions related to claims, please contact Meritain at 888-587-9441. For all other questions, please contact ICMA-RC. If you need additional forms, you may obtain them through Meritain or ICMA-RC.





VantageCare Retirement Health Savings Plan

Eligibility Date: «Effective\_date»

«Full\_Name»  
«Address\_Line\_1»  
«Address\_Line\_2»  
«City\_State\_ZIP\_Code»

May 10, 2018

RE: Plan Number: «Plan\_Number»  
ICMA-RC Reference Code: «Reference\_code»

Dear «Full\_Name»,

Congratulations! You are eligible to begin submitting claims\* for reimbursement in accordance with the provisions of your employer's VantageCare Retirement Health Savings (RHS) Plan.

In order to effectively process your claim requests, the ICMA Retirement Corporation (ICMA-RC) has selected Meritain Health (Meritain) to adjudicate all claims under your employer's RHS program. ICMA-RC will continue to administer your RHS account. Meritain, however, will process your RHS claim reimbursements.

If you have an email address on file, you will receive email notices regarding your benefit from Meritain. You will also have access to Meritain's online claims portal to manage your RHS claims.

**Two ways to submit claims:**

- **Online** — You can use the online claims portal to submit claims, update information such as spouse and dependent(s), set up direct deposit, and much more. To use the portal, you will need to log in to your account through ICMA-RC's Account Access ([www.icmarc.org/login](http://www.icmarc.org/login)), select your plan number referenced above, then select "Claims" to be directed to Meritain's claim portal. Questions regarding claims or the claims portal should be directed to Meritain at 888-587-9441.
- **Form** — You can complete the enclosed form(s) to fulfill your RHS claim reimbursement needs. Note that Social Security numbers no longer appear on the enclosed forms. Instead, please use the ICMA-RC reference code found at the top of this letter to complete the following forms:

*VantageCare RHS Plan Employee Benefit Eligibility Form:* If you have a spouse or eligible dependent(s) and have not already provided their information to Meritain, please complete this form. Meritain must have your spouse and dependent information on file before claims can be processed for them.

*VantageCare RHS Plan Benefits Reimbursement Request Form:* Complete and return this form to Meritain each time you have a reimbursement or would like to establish a recurring payment.

*VantageCare RHS Plan Direct Deposit Authorization Form:* Direct deposit is the fast and reliable way to receive your reimbursements. Complete this form to have your reimbursements deposited directly into your bank account. Remember to attach a voided check for checking accounts or deposit slip for savings accounts, and return the form to Meritain.

Our goal is to provide you with world-class customer service. If you have suggestions on how we may improve our service, please let us know. We extend our warmest welcome to you and look forward to serving you.

Sincerely,

Benefits Administrator  
Meritain Health



*\*Eligible claim expense(s) for reimbursement must be incurred on or after your eligibility date shown on the front of this letter. Generally, claims should be submitted within two years from the date of the expense, but this limit may vary among plans. If you have questions regarding this limit or your claims, please contact Meritain at 888-587-9441 or [ICMARC@meritain.com](mailto:ICMARC@meritain.com).*



# VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN EMPLOYEE BENEFIT ELIGIBILITY FORM

- Complete this form once you become eligible to receive benefits in your employer's RHS Plan. Please print legibly in blue or black ink.
- Read instructions on the back before completing this form.
- Return this form to: **VantageCare RHS Plan, c/o Meritain Health, Inc., P.O. Box 30136, Lansing, MI 48909-7611.**

1 Participant Information		
Employer Plan Number _____	Employer Name _____	State _____
Participant Name (Last, Full First, and Full Middle) _____		Mailing Address Street _____
Reference Code _____		City _____ State _____ Zip Code _____
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Date of Birth ____/____/____ Month    Day    Year
Home Phone Number (____) _____ - _____ Area Code	Work Phone Number (____) _____ - _____ Area Code	

2 Spouse and Dependent Information (Complete this section if you have a spouse and/or eligible dependents. See instructions.)					
Full Names of Spouse & Eligible Dependents	Birth Date	Month	Day	Year	Relationship

3 Participant Signature	
I certify the information provided on this form is accurate and all listed dependents are eligible to receive benefits under the RHS Plan (see instructions):	
_____ Participant Signature	_____ Date

**Important Note: Your employer must also submit your eligibility information into the EZLink system to establish your benefit eligibility. Please confirm notification has occurred prior to submitting claims to Meritain Health, Inc.**

**PLEASE RETAIN A COPY FOR YOUR RECORDS**



# VANTAGECARE RHS PLAN EMPLOYEE BENEFIT ELIGIBILITY FORM INSTRUCTIONS

Once your employer has indicated you are eligible for benefits and you submit this completed form, you will be able to request payment for benefits covered by your employer's RHS plan. This form is used by the claims administrator (Meritain Health, Inc.) to set up your account and process claims.

In order for us to efficiently process your benefits, you must fully complete this form and submit it to Meritain Health, Inc. Please be sure to keep a copy of all forms and documentation you submit for your records. **Alternatively, you may update or add your spouse and dependent information online.** To ensure your information is current on both systems, first log on to Account Access ([www.icmarc.org/login](http://www.icmarc.org/login)) to review/update your information. Then log in to your RHS plan and select Claims to go to the Meritain Health claims portal to complete your spouse and dependent information on the Meritain side. Accuracy and completeness of the information you submit will expedite your claims.

After a claim you have submitted has been processed, always review your Explanation of Benefits from Meritain Health, Inc. to confirm the accuracy of your benefit eligibility and enrollment information. If you discover a discrepancy, contact Meritain Health, Inc. at 888-587-9441 as soon as possible.

Note: If you are able to access funds from your RHS plan in the same year in which you contribute to your Health Savings Account (HSA) administered through another provider, please consult your tax advisor prior to submitting reimbursement to your RHS account. There are specific rules governing HSAs when an employee is also enrolled in a Health Reimbursement Arrangement (HRA), like the RHS plan, that may affect the tax treatment of the HSA contributions.

## INSTRUCTIONS:

### 1. Participant Information

Please complete this section carefully. The information will be used to set up your account for benefit payments. You will receive your reimbursements and Explanations of Benefits at the address you list. The employer plan number is available from your employer or ICMA-RC's Investor Services staff at 800-669-7400. **For privacy and security reasons, ICMA-RC removed Social Security Number as an identifier on this form. Please provide your ICMA-RC Reference Code instead of your Social Security Number. If you do not know your Reference Code, it is available through Account Access ([www.icmarc.org/login](http://www.icmarc.org/login)) on the My Profile tab and on your ICMA-RC statements.**

### 2. Spouse and Dependent Information

An eligible dependent is (a) the Participant's lawful spouse, (b) the Participant's child under the age of 27, as defined by IRC Section 152(f)(1) and Internal Revenue Service Notice 2010-38, or (c) any other individual who is a person described in IRC Section 152(a), as clarified by Internal Revenue Service Notice 2004-79. In general, dependents consist of your spouse **and** those who **meet each of the following three criteria:**

- The person related to you lived with you for the entire year as a member of your household; and
- The person was a U.S. citizen or resident (or resident of Canada or Mexico) for some part of the calendar year; and
- You provided over half of the person's total support for the year.

See IRS Publication 502, Medical and Dental Expenses, for more information.

For your spouse and each dependent, please indicate the full name, birth date, and relationship to you.

If you need to add or delete eligible spouse or dependents, contact Meritain Health, Inc. at 888-587-9441.

### 3. Participant's Signature

Once you have completed this form, sign it, retain a copy for your records and submit it to Meritain Health, Inc.

Your signature on the form certifies all information provided is accurate, and all dependents meet the IRS criteria outlined in the instructions for Section 2.

*Please Note: Your employer must also submit your benefit eligibility date to ICMA-RC via EZLink before benefits can be paid. Check with your employer to be sure this notification has occurred prior to submitting claims to Meritain Health, Inc.*



# VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN BENEFITS REIMBURSEMENT REQUEST FORM - Page 1 of 2

- Complete this form and send with supporting documentation to **VantageCare RHS Plan, c/o Meritain Health, Inc., P.O. Box 30136, Lansing, MI 48909-7611** or fax to 888-665-8495 for processing. Alternatively, you may submit reimbursements and documentation online via Account Access ([www.icmarc.org/login](http://www.icmarc.org/login)). Select your RHS plan and then Claims to get to the Meritain Health claims portal.
- For privacy and security reasons, ICMA-RC removed Social Security Number as an identifier on this form. Please provide your ICMA-RC Reference Code instead of your Social Security Number. If you do not know your Reference Code, it is available through Account Access on the My Profile tab and on your ICMA-RC statements.
- Each form of documentation must contain the date(s) of service, provider name, provider address, description of treatment, service or supply, amount charged, insurance payments, as well as the name of the claimant. **Supporting documentation may consist of: Itemized Bills, Explanation of Benefits, Premium Notices, Itemized Receipts.**
- Eligible claim expense(s) for reimbursement must be incurred on or after your eligibility date. Generally, claims should be submitted within two years from the date of the expense, but this limit may vary among plans. If you have questions regarding this limit or your claims, please contact Meritain at 888-587-9441.

**PLEASE NOTE: SIGNATURE IS REQUIRED FOR PROCESSING.** Do **not** submit claims for charges eligible under your insurance or Medicare. A medical care expense may not be reimbursed from a Flexible Spending Account (FSA) if the expense has been reimbursed or is reimbursable under any other accident or health plan. If a medical care expense is eligible for coverage by both a Health Reimbursement Arrangement (HRA) and a health FSA, amounts available under a HRA must be exhausted before reimbursement may be made from a health FSA. This requirement does not apply to medical care expenses which are reimbursed from a health FSA but are not reimbursable by a HRA. In no case may a participant be reimbursed for the same medical care expense by both a HRA and a health FSA. Do **not** submit claims for services provided prior to your benefit eligibility date. Claims are processed upon receipt of documents in good order.

If you are able to access funds from your RHS plan in the same year in which you contribute to your Health Savings Account (HSA) administered through another provider, please consult your tax advisor prior to submitting reimbursement to your RHS account. There are specific rules governing HSAs when an employee is also enrolled in a HRA, like the RHS plan, that may affect the tax treatment of the HSA contributions.

## Part A: Plan and Participant Information

Employer Plan Number	Employer Name	State
Participant Name (Last, First, and Middle Initial)	Address	
Reference Code	CITY STATE ZIP	
Daytime Phone Number ( )	<p><i>NOTE: If this is a new address, please contact ICMA-RC at 800-669-7400 to update your address. Your check will be mailed to the address on file with ICMA-RC.</i></p>	

## Part B: Request for Reimbursement of Non-Recurring Expenses

Use this section to request a reimbursement of non-recurring expenses (e.g., co-payments, medications, out-of-pocket expenses).

### Summary of Healthcare Expenses

Incurring Date*	Applicant's Full Name (last, first, middle initial)	Provider (e.g. doctor name/pharmacy name)	Claim for (self, spouse, dependent child, other dependent)	Description of Service	Amount to be Reimbursed
					\$
					\$
					\$
<b>Total reimbursement request:</b>					<b>\$</b>

\* Incurred date is the date of service, not the billing or payment date.

### READ CAREFULLY AND SIGN BELOW FOR PROCESSING.

The undersigned certifies all expenses for which reimbursement or payment is claimed by submission of this form were incurred by the participant, the participant's spouse, or the participant's eligible dependents while the undersigned was eligible to receive benefits under the RHS Plan. The undersigned also certifies as follows:

- The medical expenses have not been reimbursed and are not reimbursable under any other health/dental plan or Medicare.
- The undersigned is responsible for requesting cessation of automated reimbursement of recurring expenses when the expense is no longer being incurred, and will retain sufficient documentation for all recurring expenses. Meritain Health, Inc. reserves the right to periodically request documentation for all automated payment requests.

The undersigned understands he/she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim. The undersigned understands he/she will be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan for non-qualifying expenses.

Signature

Date



# VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN BENEFITS REIMBURSEMENT REQUEST FORM - Page 2 of 2

Participant Name (Last, First, and Middle Initial) \_\_\_\_\_

Reference Code \_\_\_\_\_

## Part B: Request for Reimbursement of Recurring Expenses

**Use this section to request automated reimbursement of recurring expenses** (e.g. insurance premiums). **Note:** Payment must be made to the account holder. Payment will **not** be made directly to an insurance company or other third party.

You are responsible for ensuring automated reimbursements are for qualifying medical expenses. You are also responsible for ensuring automated reimbursements are stopped if you are no longer incurring the expense(s). You must provide documentation of the recurring expense with this request, and you must retain sufficient documentation for all recurring expenses. Supporting documentation must show the premium is paid with after-tax funds and include the following: (i) Insurance Carrier; (ii) Type of Insurance; (iii) Policy Holder's Name; (iv) Amount; and (v) Coverage Period. Meritain Health, Inc. reserves the right to periodically request documentation for all automated payment requests.

1.  **BEGIN** recurring reimbursement of \$ \_\_\_\_\_

Beginning Date: Insert date you wish payments to begin \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

Frequency (Check one):  Annual  Quarterly  Monthly

Ending Date: Insert date of last payment \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

2.  **CHANGE** recurring payment amount from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Effective date of change \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

3.  **END** recurring payment of \$ \_\_\_\_\_

Ending Date: Insert date of last payment \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

**Note:** Payments will continue until your account is depleted, unless an ending date is provided. Any changes to your payment must be received by Meritain Health at least 10 business days prior to next payment. Otherwise the change will take effect on the next scheduled reimbursement.

### READ CAREFULLY AND SIGN BELOW FOR PROCESSING.

The undersigned certifies all expenses for which reimbursement or payment is claimed by submission of this form were incurred by the participant, the participant's spouse, or the participant's eligible dependents while the undersigned was eligible to receive benefits under the RHS Plan. The undersigned also certifies as follows:

- The medical expenses have not been reimbursed and are not reimbursable under any other health/dental plan or Medicare.
- The undersigned is responsible for requesting cessation of automated reimbursement of recurring expenses when the expense is no longer being incurred, and will retain sufficient documentation for all recurring expenses. Meritain Health, Inc. reserves the right to periodically request documentation for all automated payment requests.

The undersigned understands he/she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim. The undersigned understands he/she will be liable for payment of all related taxes, including federal, state, or local income tax on amounts paid from the Plan for non-qualifying expenses.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PLEASE RETAIN A COPY FOR YOUR RECORDS

Send completed form to: VantageCare Retirement Health Savings (RHS) Plan, c/o Meritain Health, Inc., P.O. Box 30136, Lansing, MI 48909-7611 • 888-587-9441

FRM080-002-0516-8355-C1333

REV 5/2018





# VANTAGECARE RETIREMENT SAVINGS (RHS) PLAN DIRECT DEPOSIT AUTHORIZATION FORM

To set up Direct Deposit for your VantageCare RHS account, please read the bottom of this form and fill in the information requested in SECTION 1 and SECTION 2. The completed form must be returned to **Meritain Health, VantageCare RHS Department at PO Box 30136, Lansing MI 48909-7611**. Alternatively, you may set up or update direct deposit via Account Access ([www.icmarc.org/login](http://www.icmarc.org/login)). Select your RHS plan and then Claims to get to the Meritain Health claims portal.

**Type of Transaction:**  New  Change  Cancellation

## DEPOSITOR INFORMATION

Employer Plan Number \_\_\_\_\_ Reference Code \_\_\_\_\_

Name \_\_\_\_\_ Work Phone Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Home Phone Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

## FINANCIAL INFORMATION

Name(s) on the account \_\_\_\_\_

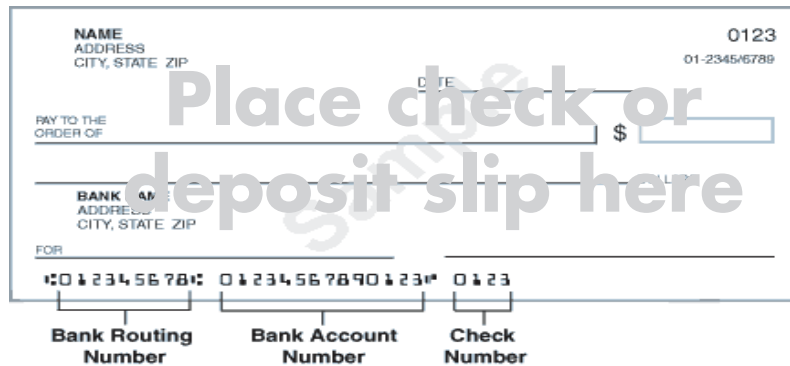
Bank or Financial Institution \_\_\_\_\_ Routing/Transit Number \_\_\_\_\_

Address \_\_\_\_\_ Account Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Checking Account  Savings Account

**Voided check (for checking account) or deposit slip\* (for savings account) - THIS IS REQUIRED -**  
*Please place directly below*



*\*If the savings deposit slip does not contain a routing number maintained by your bank, you will need to submit a bank form, or statement on bank letterhead that verifies the account and routing numbers of your savings account.*

## DEPOSITOR CERTIFICATION

I certify that I have read and understand the terms at the bottom of this form. By signing this form, I authorize my VantageCare RHS account reimbursements to be sent to the financial institution named above and to be deposited in the designated account.

Depositor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Joint Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: Any joint account holder MUST sign this form in order to be reimbursed.*

**PLEASE RETAIN A COPY FOR YOUR RECORDS**





# VANTAGECARE RETIREMENT SAVINGS (RHS) PLAN DIRECT DEPOSIT AUTHORIZATION FORM

## TERMS AND CONDITIONS FOR PARTICIPATING IN RHS DIRECT DEPOSIT

Participants in the RHS reimbursement program have the option of having authorized reimbursements deposited directly into their bank accounts at their financial institution rather than receiving the payment by check. The following are the terms and conditions for participating in the RHS Direct Deposit program. You do not have to participate in the RHS Direct Deposit Program in order to have an RHS account. **For privacy and security reasons, ICMA-RC removed Social Security Number as an identifier on this form. Please provide your ICMA-RC Reference Code instead of your Social Security Number. If you do not know your Reference Code, it is available through Account Access ([www.icmarc.org/login](http://www.icmarc.org/login)) on the My Profile tab and on your ICMA-RC statements.**

1. In order to take advantage of the RHS Direct Deposit program, the RHS reimbursement program participant's financial institution must be a member of an Automated Clearing House (ACH).
2. Participants must complete this authorization form to enroll in the RHS Direct Deposit Program. A signed and dated form is required for processing. If participants have a joint account, both parties must sign the form. Once your form is received by Meritain, there may be up to a four (4) week administrative processing period before implementation of the RHS Direct Deposit program. Participants will receive checks for any reimbursement claims pending this processing period.
3. Meritain will mail participants a direct deposit statement each time an electronic transfer is made to the participant's account. The receipt will show information on the claim being paid, as well as year-to-date information on the participant's VantageCare RHS accounts. The standard turnaround time for deposit into your account could be up to 72 hours from the time Meritain transmits the reimbursements. Participants should verify that the deposit has been made into his/her account before attempting to withdraw funds.

4. If an electronic transfer is returned to Meritain or for any reason cannot be made to a participant's account, Meritain will investigate the cause and if needed, will issue and mail a reimbursement check to the participant. Until the problem is corrected, the participant will continue to receive reimbursement checks in the mail.
5. It is the participant's responsibility to notify Meritain immediately of any changes in the status of the bank account, such as a bank account closure or a change in the bank account number. Complete this form indicating the action is a change, and provide the new information. There may be up to a four (4) week processing period before the change is effective. If there is interruption in the direct deposit service, the participant will receive checks for any reimbursement claims paid during that time.
6. Participants may cancel direct deposit at any time by completing this form and checking the "CANCEL" box. The cancellation will take effect as of the date of participant initials, or as soon as the forms are received and processed by Meritain.
7. Meritain reserves the right to automatically cancel a participant's direct deposit services upon termination of employment or termination of a participant's VantageCare RHS account.
8. When a participant re-enrolls in an RHS in subsequent years, direct deposit services will remain in effect from one plan year to the next until the participant cancels the direct deposit services.

If you have any questions regarding this form, call Meritain at 888-587-9441.