

**WISCONSIN ELECTRICAL EMPLOYEES HEALTH & WELFARE PLAN
2730 DAIRY DRIVE SUITE 101
MADISON WI 53718
(608) 276-9111 OR (800) 422-2128 PHONE**

**FLEXIBLE BENEFIT REIMBURSEMENT ARRANGEMENT
REQUEST FORM**

Employee Name: _____
Social Security No. _____
Address: _____

Instructions:

*Complete the information below for Medical Expenses incurred by you, your spouse or other eligible dependents. (For information as to what Medical Expenses can be reimbursed, see the Summary Plan Description.) **You must provide your insurance Explanation of Benefit Forms (EOB's) from Wisconsin Electrical Employees Health and Welfare Plan.** Should your spouse have other insurance coverage we will need the EOB from his/her Company also. Be sure to provide all information requested by this Form. If the Form is incomplete, it will be returned to you. Please date and sign the form, then send it along with your supporting documentation to the Claims Administrator at the address below.*

DATE	PATIENT	PROVIDER	TYPE OF SERVICE	AMOUNT
TOTAL				

To the best of my knowledge and belief, my statements in this Form are complete and true. I certify all of the following: Either I have or a dependent have received the services described above on the dates indicated, and the expenses are my out-of-pocket expenses that qualify as valid Medical Expenses under the Plan. If the expense is for my Spouse or Dependent, the person listed is my spouse or dependent as defined under the Plan. I have not been reimbursed previously for these expenses under the Flexible Benefit Arrangement. These expenses have not been reimbursed or are not reimbursable under any other source available for reimbursement (e.g., the Fund's health plan or any other health plan, such as my spouse's plan). I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit. I authorize a deduction in my Flexible Benefit Account in the amount of the reimbursement.

Employee Signature: _____ Date _____

MR PETER A. RISBERG
WISCONSIN ELECTRICAL EMPLOYEES
HEALTH & WELFARE FUND
2730 DAIRY DRIVE, SUITE 101
MADISON WI 53718

FLEXIBLE BENEFIT REIMBURSEMENT COVERAGE AND LIMITATIONS:

If another benefit or insurance plan, including any government program, made payment on the claim then the total combined reimbursement from all benefit/insurance plans added to the flexible benefit amount cannot exceed 100% of the billed amount.

This means you must submit the explanation of benefits from all primary and secondary insurance/benefit plans in with the flexible reimbursement form when filing for reimbursement.

FLEXIBLE BENEFIT COVERED EXPENSES:

A participant may only receive reimbursement from his/her individual flexible benefit account for treatment or service *in excess* of the benefits provided under the Comprehensive Major Medical expense benefit. This means the treatment or service must be an eligible expense under your plan with the Wisconsin Electrical Employees Benefit Fund, otherwise, it is not reimbursable under the flexible benefit program. The following is a list of exceptions to that rule and will be considered an eligible expense for reimbursement under your flexible benefit program.

- 1) Major Medical expense benefit deductibles, out of pocket copayment percentages and expenses in excess of the benefits provided under the major medical benefit after the primary and/or secondary insurance has made payment.
- 2) Dental and Vision expenses not covered by *or* in excess of the Plans Dental and Vision Benefit programs after the primary and/or secondary insurance has made payment.
- 3) Self-Payments to continue coverage under the Wisconsin electrical Employees health & Welfare Plan.
- 4) Acupuncture
- 5) Guide dogs for blind or deaf persons
- 6) Long-term care insurance premiums
- 7) Smoking cessation programs
- 8) Hearing examinations and hearing aids
- 9) Surgery or laser treatments to correct vision
- 10) Weight loss programs, but not food or dietary supplements

Any expenses not listed above are not considered covered expenses under the flexible benefit and no reimbursement will be made. Please refer to your Summary Plan Description Booklet page 38 through 39 for additional exclusions and limitations under the Flexible Benefit Account Program.