

## PROCEDURES FOR REIMBURSEMENT OF PENSIONER MEDICAL CONTRIBUTIONS

1. Pensioners applying for reimbursement of their medical contributions shall contact the Member Services Department.
2. The Member Services Representative would either send an application to the Pensioner or direct the Pensioner to the Plans' website to obtain an application.
3. Pensioner would submit a completed application to the Plan Office.
4. The Member Services Department would:
  - a. open a correspondence tracking record for receipt of application;
  - b. obtain a medical employment history;
  - c. review application received and prior payments made to member then validate criteria.
  - d. Confirm that address listed on application is home of record. If not, add home of record to Application.
5. The Manager of Member Services Department would review/approve application and forward approved application to Accounts Payable.
6. If a Pensioner applies for reimbursement and fails to qualify, the Member Service Representative would be responsible for issuing the denial letter to the Pensioner citing the reason for the denial and include appeal rights.
7. Accounts Payable would:
  - a. Process the reimbursement check and mail copy of the completed application form, alongwith the check, to Pensioner's home of record.
  - b. Forward completed application indicating check number and date to the Member Services Department.
  - c. Forward a copy of the completed application indicating check number and date to Accounting for DP record adjustment.
8. Member Services Department would then close the correspondence tracking record.

### Notes:

1. Covered Employment before April 1, 2011 is ineligible for reimbursement.
2. Accounting and Member Services to work out details regarding the Direct Pay (DP) record.

### Questions:

If a retiree returns to work for 6 months, can he request his reimbursement every 30 days after he hits the first 90 or can we limit it to a single reimbursement per period of approved return to work?

It is at member's discretion, how he can request reimbursement – either incrementally or in total.

**MEBA MEDICAL & BENEFITS PLAN  
APPLICATION FOR REIMBURSEMENT OF PENSIONER MEDICAL CONTRIBUTIONS**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**LIST QUALIFYING EMPLOYMENT**

EMPLOYER NAME	DATES OF QUALIFYING EMPLOYMENT
_____	FROM: _____ TO: _____
_____	FROM: _____ TO: _____
_____	FROM: _____ TO: _____

PENSIONER SIGNATURE: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

Effective for employment on or after April 1, 2011, the following conditions must be met for a pensioner to receive reimbursement of Pensioner Medical Contributions:

1. Pensioner must have received permission from the Trustees to return to Covered Employment.
2. Employer Contributions must have been made on Pensioner's behalf.
3. Pensioner must have continued to make monthly/quarterly contributions for Pensioner medical coverage while in active employment. Failure to do so may result in termination of the Pensioner's Retiree medical coverage.
4. Pensioner must work at least 90 consecutive days in covered employment.
5. Pensioner must submit an application for reimbursement of Pensioner Contributions within twelve (12) months from the last day of covered employment.

**SEND COMPLETED APPLICATION TO: MEBA Medical Plan, att: Member Services, 1007 Eastern Ave. Baltimore, MD 21202-4345**

**FOR PLAN OFFICE USE ONLY**

Plan office must verify that the above criteria have been met:

CRITERIA	Confirmed
Permission received from Trustees to return to covered employment	
Employer Medical Contributions made for covered employment	
Pensioner Medical Contributions made during the period of covered employment	
# of consecutive days of covered employment confirmed	
# of consecutive days of covered employment is 90 days or longer	
Application submitted within twelve (12) months from last day of covered employment	

EMPLOYMENT VERIFIED (ATTACH EMPLOYMENT HISTORY)

PERIOD OF CONTINUOUS QUALIFYING EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

DAYS OF CONTINUOUS QUALIFYING EMPLOYMENT: \_\_\_\_\_ DAYS USED FOR EMPLOYEE REIMBURSEMENT: \_\_\_\_\_

DAYS CARRIED OVER: \_\_\_\_\_

# of Consecutive Days of Covered Employment	# of Months of Pensioner Medical Contributions to be Reimbursed
1 day to 89 days	No reimbursement
90 days to 119 days	One (1) month of pensioner medical contributions
120 days to 149 days	Two (2) months of contributions
And so forth in 30 day increments	

PENSIONER MONTHLY CONTRIBUTION AMOUNT	\$
MONTHS OF PENSIONER CONTRIBUTIONS TO BE REIMBURSED	
TOTAL AMOUNT TO BE REIMBURSED	\$

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REIMBURSED CHECK #: \_\_\_\_\_ DATE: \_\_\_\_\_

Copy to be mailed to pensioner with reimbursement and copy to member services