

**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, ATTN: Medical Dept, 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	<input type="checkbox"/>
Employer Medical Contributions made for covered employment	<input type="checkbox"/>
Pensioner Medical Contributions made during the period of covered employment	<input type="checkbox"/>
# of consecutive days of covered employment confirmed	<input type="checkbox"/>
# of consecutive days of covered employment is 90 days or longer	<input type="checkbox"/>
Application submitted within twelve (12) months from last day of covered employment	<input type="checkbox"/>

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
<input type="radio"/> 1 day to 89 days	<input type="radio"/> No reimbursement
<input type="radio"/> 90 days to 119 days	<input type="radio"/> One (1) month of pensioner medical contributions
<input type="radio"/> 120 days to 149 days	<input type="radio"/> Two (2) months of contributions

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