



Michigan Electrical Employees' Health Plan

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517/323-9250 • 800/323-8943 (Michigan only)

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SPECIAL FUND PAYMENT REQUEST FORM

DATE _____ MEMBER'S SS # _____

NAME _____ LOCAL UNION # _____

ADDRESS _____ PHONE # (____) _____

IS THIS A CHANGE OF ADDRESS? _____ YES

REQUEST FOR MISCELLANEOUS EXPENSES		OFFICE USE ONLY _____	
MEDICAL EXPENSES	\$ _____	CODE _____	CODE _____
DENTAL EXPENSES	\$ _____	DOS _____	DOS _____
VISION EXPENSES	\$ _____	AMT _____	AMT _____
OVER-THE-COUNTER DRUGS	\$ _____	_____ HR	_____ HR
OTHER EXPENSES	\$ _____	CODE _____	CODE _____
		DOS _____	DOS _____
		AMT _____	AMT _____
TOTAL	\$ _____	_____ HR	_____ HR

YOU MUST ENCLOSE A COPY OF THE ITEMIZED BILL OR EXPLANATION OF BENEFITS (EOB) FROM BLUE CROSS/BLUE SHIELD FOR MEDICAL EXPENSES. (INSTRUCTIONS AND COVERED EXPENSES ARE LISTED ON THE REVERSE SIDE)

By signing this request form, you certify that you have not taken and will not take a tax deduction for items submitted for reimbursement and that there is no other source available for payment. You also certify that any over-the-counter (OTC) medications are ONLY for use by you or a covered family member. Last, you certify that you have not submitted these expenses on a prior Request form.

SIGNATURE _____

PLEASE SUBMIT THE ORIGINAL FORM TO THE PLAN OFFICE.
THE OTHER COPY MAY BE MAINTAINED FOR YOUR RECORDS.

IMPORTANT REMINDER

Your Special Fund account is not a savings account and you are not vested in the balance. Amounts in the account can be used only for the expenses shown on the reverse side of this form. The Board of Trustees can change the list of covered expenses and any of the Special Fund's rules and procedures at any time.

COVERED EXPENSES THAT CAN BE REIMBURSED FROM THE SPECIAL FUND

(Only expenses incurred after the employee's Special Fund participation date are eligible to be reimbursed.)

- Deductibles and co-payments from the regular benefit plan.
- Acupuncture.
- Medical expenses not covered by or in excess of the regular benefit plan.
- Vision expenses not covered by or in excess of the regular benefit plan.
- Dental treatment expenses/Dental insurance premiums.
- Christian Science practitioners.
- Guide dogs for blind or deaf persons.
- Healthcare insurance premiums.
- Certain travel and lodging expenses while accompanying a patient. The patient's physician must certify that the family member's presence is necessary for the treatment. (Contact Plan Office for details and limits.)
- Qualified special schooling for the mentally impaired or physically disabled. The schooling must be medically necessary and the school must qualify with the IRS as a special school. (Contact Plan Office for requirements.)
- Smoking cessation programs.
- Hearing aids and examinations.
- Special telephone and television equipment for hearing impaired persons.
- Certain transportation and lodging expenses for medical treatment. (Contact Plan Office for details.)
- Surgery or laser treatments to correct vision.
- Weight loss programs, but not food or dietary supplements.
- Non-cosmetic over-the-counter (OTC) medications such as allergy medications, antacids, anti-diarrhea medicine, antibiotic ointments, calamine lotion, cold medicine, cough drops and throat lozenges, first aid creams, motion sickness pills, nicotine medications and nasal sprays, pain relievers, sinus medications and nasal sprays, sleep aids, and wart removal medication.

NON-COVERED EXPENSES

- Cosmetic surgery and treatments.
- Household help.
- Charges incurred by a person not covered by the Plan.
- Health club memberships/expenses.
- Child and dependent care expenses.
- Burial expenses.
- Sales tax, shipping & handling fees.
- Long-term care insurance premiums.
- Expenses reimbursed by some other source.
- College tuition/books.
- Environmental devices such as, air conditioners, air purifiers, or humidifiers.
- OTC products such as acne treatments, cosmetics, dietary supplements, fiber supplements, herbs, lip balm, shampoos and soaps, suntan lotion, toiletries, weight loss drugs and vitamins.

In addition, previously paid self-payments that were paid in cash or by check or money order cannot be reimbursed at a later date from the Special Fund.

INSTRUCTIONS

- Claims for OTC (over-the-counter) medications must include store cash register receipts on which the name of the product has been imprinted by the cash register. Non-imprinted, or hand-annotated cash register receipts will not be accepted. It is your responsibility to purchase these products at stores that properly document the name of the product purchased. You may only claim OTC products that are used for yourself and your covered family members.
- For all other types of claims you must enclose an itemized copy of the bill stating the provider's name and address, patient name, and date of service or a copy of the Explanation of Benefits from Blue Cross/Blue Shield. **Collection notices and bills indicating only a balance due are not acceptable. (Cash register receipts from providers are also NOT acceptable.)**
- The minimum amount requested should be \$50 unless you have accumulated less than \$50 in a year.
- You have 2 years from the date of service to submit for reimbursement.
- **If you don't have enough in your account**, the Plan Office will pay what is in the account, and you can resubmit the unpaid balance at a later date.