Retiree Health Reimbursement Account (HRA) Premium Only Claim Form

mychoice Accounts

How to file a claim:

Online: Log in to the Health and Life website at lumen.com/healthbenefits or use the MyChoice® Benefits App to submit your claim electronically.

Via email, fax or mail: Complete your form and submit one of the following ways:

- **Email**: lumenclaims@mychoiceaccounts.com
  (Email documentation in one of the following file formats: PDF, JPG, or PNG. Do NOT send a .ZIP file.)
- **Fax**: 855-883-8542
- **Mail**: MyChoice Accounts, MSC 345475, PO Box 105168, Atlanta, GA 30348-5168

Instructions for completing this form:

Complete the form on the next page in its entirety. Use black or blue ink and CAPITAL letters.

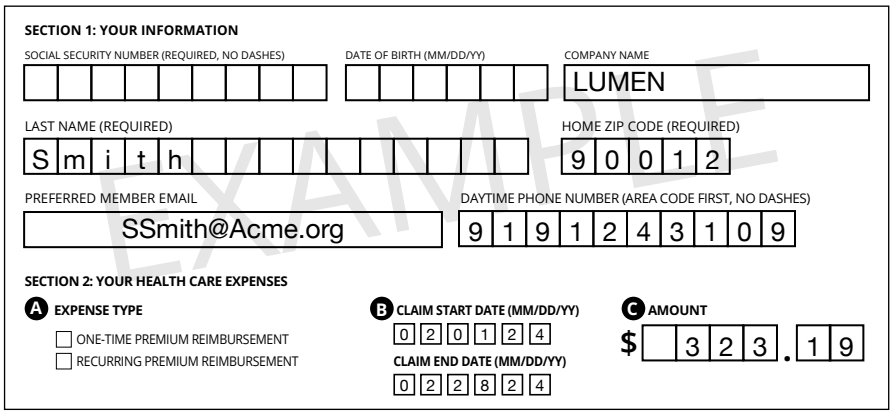
Your supporting documentation must match the date fields on this form.

You must provide your full Social Security Number and your Date of Birth (MM/DD/YYYY) or your claim may be delayed in processing.

Ⓐ EXPENSE TYPE *(indicate the type of expense that is being claimed for reimbursement)*

Ⓑ START DATE OF CLAIM

Ⓒ AMOUNT OF CLAIM SUBMITTED



To ensure your claim is submitted successfully:

Required Receipts and Documentation

You must provide one item as documentation for all claims submitted. Please attach each document/receipt individually. *The following file formats are acceptable: PDF, JPG, or PNG. Do NOT send a .ZIP file.*

1. A valid receipt for premiums contains the following:

a. Carrier name
b. Insured person
c. Coverage period (start and end dates)
d. Premium description and premium type (for example, medical or dental)
e. Premium amount

2. Health premiums require one of the following:

a. Payment coupon indicating the monthly amount
b. Bank statement indicating the name of the carrier and amount
c. Pay or retirement stub indicating deductions for health premiums

3. Medicare premiums require one of the following:

a. A Medicare statement indicating your monthly amount
b. A Social Security Administration letter indicating the new Medicare premiums and effective date

Call the Lumen Health and Life Service Center to stop recurring reimbursements at 833-925-0487.

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Use only CAPITAL LETTERS, complete this form in its entirety and use only black or blue ink.

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COMPANY NAME
LUMEN

SECTION 1: YOUR INFORMATION

SOCIAL SECURITY NUMBER (REQUIRED, NO DASHES)

DATE OF BIRTH (MM/DD/YY) *(IF NOT PROVIDING A FULL SOCIAL SECURITY NUMBER)*

LAST NAME (REQUIRED)

HOME ZIP CODE (REQ.)

PREFERRED MEMBER EMAIL

DAYTIME PHONE NUMBER (AREA CODE FIRST, NO DASHES)

SECTION 2: YOUR HEALTH CARE PREMIUMS

SPOUSE OR DEPENDENT CLAIM?
☐ **YES** ☐ **NO**

IF YES, SPOUSE/DEPENDENT SSN (REQUIRED)

EXPENSE TYPE
☐ ONE-TIME PREMIUM REIMBURSEMENT
☐ RECURRING PREMIUM REIMBURSEMENT
VALID UNTIL YOU CALL TO STOP*

CLAIM START DATE (MM/DD/YY)

CLAIM END DATE (MM/DD/YY)

AMOUNT
$.

CARRIER NAME _____

SPOUSE OR DEPENDENT CLAIM?
☐ **YES** ☐ **NO**

IF YES, SPOUSE/DEPENDENT SSN (REQUIRED)

EXPENSE TYPE
☐ ONE-TIME PREMIUM REIMBURSEMENT
☐ RECURRING PREMIUM REIMBURSEMENT
VALID UNTIL YOU CALL TO STOP*

CLAIM START DATE (MM/DD/YY)

CLAIM END DATE (MM/DD/YY)

AMOUNT
$.

CARRIER NAME _____

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SECTION 3: CERTIFICATION

By submitting this form, I certify that:

- The information contained within the form is correct and is not a duplicate of a previously-submitted request.
- I have not received reimbursement previously for these expenses from my accounts or any other plan and will not seek reimbursement by any other plan.
- Any expenses submitted on behalf of a dependent, qualifying relative, or adult child are in accordance with IRS definitions of dependents, the guidelines for adult dependent children, or my employer's plan.

I understand that:

- Reimbursement is not a guarantee that this payment is tax free.
- Expenses reimbursed through this account cannot be used as a deduction on my personal tax return.

I hereby authorize release of payment from my MyChoice Accounts. I hereby authorize Businessolver® or its representatives to obtain necessary information from my service providers to consider my claim for reimbursement under my MyChoice Accounts.

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