



▶ Outpatient Deductible/Coinsurance HRA Reimbursement Request Form

This form should only be used to submit for reimbursement of an outpatient service that was not covered by your supplemental MetLife Insurance. The claim must be accompanied by a MetLife denial and an Explanation of Benefits from your Health Insurance carrier.

Employer Name: UA Local 13

Participant Name (First, MI, Last): _____

Social Security Number: _____ - _____ - _____

Address: _____

City, ST, ZIP: _____

Date of Birth: _____/_____/_____ Phone Number (_____) _____

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Claimant Name	Relationship to Member	Date of Service	Amount	Type of Service	Claim Ref #
John Sample	Member	5/1/2023	\$ 525.00	Outpatient Surgery Procedure	Example
			\$		01
			\$		02
			\$		03
			\$		04
			\$		05
			\$		06

Please Remember to include your MetLife denial and an Explanation of Benefits with your claim filing. Your claim cannot be processed without this information.

Enroll in Direct Deposit

To sign up for direct deposit, please log into the LBS consumer portal at <https://www.lifetimebenefitsolutions.com/start>. Your personalized consumer portal will be available to access on or after your effective date. Upon entering your bank account information, there will be a verification process to complete activation of your direct deposit. Your direct deposit will not be active until the micro-deposit is verified.

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate, the expenses incurred were for myself, spouse or qualified dependents, and these expenses are not reimbursable under any other plan coverage. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

- **Mail to:** Lifetime Benefit Solutions, Claims Dept, PO Box 211126, Eagan, MN 55121 or
- **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.

*****PLEASE REFER TO THE BACK OF THIS PAGE FOR REIMBURSEMENT REQUEST INSTRUCTIONS*****

Reimbursement Request Instructions

Outpatient Surgery HRA Reimbursement Submission Guidelines

- If you are submitting expenses under this HRA you must include a MetLife denial and an Explanation of Benefits (EOB) from your Health Insurance carrier.
- Claims must include:
 - Name of service provider
 - Date of service
 - Description of services rendered
 - Amount charged
 - Name of person who received the services
- Submit one expense (either a product or service) per row, even if items are contained on the same Health Statement or bill.
- Label each statement/bill with the corresponding Claim Ref # from the claim form. This will assist with matching the statement to the claim.
- If you have more items than the form can accept, use additional forms.
- Do not “lump” or group items together or write See Attached.
- All claims are subject to deadlines, as defined in your Summary Plan Description (SPD).
- The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
- Lifetime Benefit Solutions can only process claims that are properly submitted. Claims that are not properly submitted may be delayed or denied.
- For claims to be reimbursed through your Hours Bank HRA, please use the separate Hours Bank HRA Reimbursement Request form.
- Retain a copy of the Reimbursement Request Form and statements for your own personal records;
- Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard week-day business hours.
- Mail OR fax (but not both!) completed form with required documentation to:
 - **Lifetime Benefit Solutions Claims Dept.**
 - **PO Box 211126**
 - **Eagan MN 55121**
 - **Fax # (877) 256-7228**

***Please be aware that once you receive reimbursement it is your responsibility to pay the provider directly.**