

How to Submit a Reimbursement Claim

We offer three easy ways for you to access your healthcare account funds. **For the fastest results, we encourage you to use your Emeriti Retirement Health Debit Card for qualified medical expenses (if applicable) or to submit your claim online.**

Emeriti Retirement Health Debit Card

- Use your debit card to directly pay for prescription drugs at your pharmacy.
- **Save your receipts!** When you swipe the card, a claim is created for you and eliminates the need for you to fill out a claim form. However, documentation may still be required. If a receipt is needed, you will be notified by letter within two weeks of your debit card swipe.

Online Claim Submission

- To upload a claim form via the Emeriti Dashboard, go to **MyEmeritiBenefits.org** and sign in with your user name and password.
- Select the *Reimbursement Benefit* link.
- Select *Submit a Claim*.
- Scroll to the bottom of the page and submit your documents online.

Paper Claim Submission

- If you didn't use your debit card and are unable to access the Internet, complete the manual claim form.
- Mail or fax it to **215-563-9943** with itemized receipts or other documentation, per the instructions below. When you fax the manual claim form and supporting documentation, there is no need to follow up with a hard copy in the mail. Remember to keep the original claim form and supporting documents for your records.
- If you choose to mail your claim form and documentation instead of faxing, the address is:

The Emeriti Benefits Center
1845 Walnut St 10th Floor
Philadelphia, PA 19103



Reimbursement Claim Form

Use this form to submit your claims for reimbursement of eligible medical expenses paid out of pocket that have not already been submitted.

- Do not use this form if expenses were already paid with your debit card.
- Complete all entries on this submission form. Please print or type.
- Sign and date this form.
- Fax or mail it, along with the required documentation, to the Emeriti Service Center. (See instructions above.)

**** IMPORTANT: Reimbursements are paid with money in the TIAA-CREF Money Market Mutual Fund ****

Keep in mind that your employer contributions are defaulted into an age-appropriate TIAA-CREF Lifecycle Mutual Fund, so **you'll need to move money into the TIAA-CREF Money Market Mutual Fund in order to be reimbursed.** To transfer money into the TIAA-CREF Money Market Mutual Fund (or set up monthly transfers), **please call 866-363-7484 and press option #3.** You may also log in to your account at **TIAA.org** and follow the instructions.

Personal Information	
Name	Social Security Number
Street Address	Daytime Phone Number
City, State, Zip Code	Email Address
Institution	Date of Birth

Participant Eligibility

I am eligible to receive reimbursement benefits because I no longer work for the employer sponsoring the plan.

If you have any questions, please call the Emeriti Service Center at 866-363-7484 and press option #2.

If this Claim Form is being completed by a legal representative of the participant (e.g., guardian, individual with power of attorney, executor), please submit appropriate proof for basis of authority with this claim.



Reimbursement Details

You must submit documentation with this form. Documentation must include the patient's name, description of service, date of service and amount charged. Cancelled checks, credit card receipts or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of Benefits (EOB) from your insurance company, an itemized statement from a provider, or an itemized pharmacy receipt.

Date of Service	Patient Name	Date of Birth	Relationship to Retiree	Social Security Number	Name of Provider	Description of Service	Amount Requested	Set up as Recurring Claim? (Yes/No)

Total _____

Authorization and Certification

Read carefully. This claim will not be processed without your signature.

I certify that these expenses have been incurred by me or by my eligible spouse or dependent. The expenses have not been reimbursed and are not reimbursable under any other plan, such as a group medical plan, individual policy, or spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's or my dependent's income tax return. I understand that it is my responsibility to determine whether distributions are for qualified expenses and for any tax consequences that may occur.

I further certify that I understand that any person who, knowingly and with intent to defraud or deceive, files a claim containing any materially false, incomplete or misleading information may be prosecuted under state law and be subject to civil fines and criminal penalties. I hold CBIZ, its affiliated companies, officers, and employees, Emeriti Retirement Health Solutions, its officers and employees, TIAA Trust Company, its affiliated companies, officers and employees, and my Plan harmless for payment of any ineligible expenses presented in such a manner under the terms and conditions of the Emeriti Reimbursement Benefit.

Signature _____ **Date** _____