650254

HCSP Health Care Savings Plan
Our Tax-Free Solution

Reimbursement Request

Before you begin, please review section A on page 3 of this form to determine if you are eligible for reimbursements.

1. Information about you

Last name	First name	MI	Account ID or SSN
Mailing address		Daytime phone	
City		State	Zip code

❒ Check here if this is a change of address.

Reimbursement Eligibility Reason

❒ Retired or Terminated* Date ________________

❒ Collecting Disability Date ________________

❒ Medical Leave Start Date ________________

❒ Leave of Absence Start Date ________________

❒ Beneficiary or QDRO Account

* If you have returned to work with a Minnesota public employer after termination or retirement, please read section B on page 3 to determine if you are eligible for reimbursements.

2. Reimbursement/payment election

Please list expenses in the appropriate table(s) below (A and/or B). **Attach a copy of a third party receipt, bill, or statement showing proof of expense incurred.** More detailed instructions are located on pages 3 and 4 of this form.

A. Reimbursement of Monthly Insurance Premiums

Insurance Premiums	**Premium Amount/Month**	**Months Paid** (e.g., June, July, August)	**Reimburse Future Months Automatically**
Medical	$		❒ Yes * ❒ No
Dental	$		❒ Yes * ❒ No
Long-Term Care	$		❒ Yes * ❒ No
Medicare B/C	$		❒ Yes * ❒ No
Medicare D	$		❒ Yes * ❒ No

*** If requesting reimbursement of future months automatically, please check one of the boxes below.**

❒ This is a new monthly reimbursement setup. I do not currently receive any ongoing payments.

❒ This replaces my existing monthly payment amount of $__________. My premium amount has changed.

❒ I am adding to my existing monthly payment of $__________. The reimbursement amount requested above is in addition to my current ongoing payment.

B. Reimbursement of Other Healthcare Related Expenses

Please accumulate at least $75 of out-of-pocket expenses before requesting reimbursement. You may include multiple expenses on one form. Attach additional pages if necessary.

IMPORTANT: Due to Federal Health Care Reform, beginning January 1, 2011, over-the-counter drugs/medications are no longer reimbursable without a prescription.

Date Expense Incurred (MM/DD/YY)	Expense For Whom Please check appropriate box				Date of Birth (if legal tax dependent or child)	Description of Expense (e.g., office visit, copay, prescription, glasses)	Out-of-Pocket Expense Total must equal $75 or more
	Self	Spouse	Legal Tax Dependent	Child up to age 26			
						Claim Total	$

3. Required signature

1. I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me, my spouse, my legal tax dependent(s) or by my child(ren) up to their 26th birthday.
2. I certify that the medical expenses incurred by me, my spouse, my legal tax dependent(s) or by my child(ren) up to their 26th birthday are “qualifying expenses” as defined by the Internal Revenue Code in Publication 502. I understand that if these medical expenses are deemed not to be qualified medical expenses, I may be liable for payment for all related taxes on amounts paid by the Plan related to such unqualified expenses.
3. I certify that the medical expenses claimed have not been reimbursed or cannot be reimbursed by any other health plan coverage.
4. I take full responsibility for the accuracy and veracity of the information I have provided. I certify I am entitled to these benefits.

Data collected on this form will be used by MSRS staff for identification and documentation. The individual’s Social Security number, birth date and address are classified as private and will not be shared with any unauthorized person without written consent.

Participant Signature____________________ Date ____/____/____
Month Day Year

Mail or fax the completed form and documentation of expenses to:

Minnesota State Retirement System (MSRS)
60 Empire Drive, Suite 300
St. Paul, MN 55103-3000
Fax # 651-282-9909

Important! If you fax the form and documentation, it is not necessary to also mail the original form and documentation.

Process for Requesting Reimbursement

A. Eligibility to receive reimbursements

You are eligible to receive reimbursements from your Health Care Savings Plan (HCSP) account when you:

- Leave employment
- Retire
- Are collecting a disability benefit from a Minnesota public pension plan
- Are on a medical leave of six months or longer
- Are on a leave of absence of one year or longer

Please indicate the "Reimbursement Eligibility Reason" in section 1 of the form and enter the date of your termination, retirement, disability, or leave of absence.

Reimbursement Suspensions (HCSP & HSA)
You may not request HCSP reimbursements if both of the following conditions apply:

a) You are eligible to receive HCSP reimbursements of health care expenses because one of the eligibility reasons listed above exist; **and**

b) You or your employer or your spouse or their employer contributed to a Health Care Savings Account (HSA) this calendar year.

The IRS considers having access to a plan like the HCSP and contributing to an HSA "conflicting coverage"; therefore, you must suspend your ability to request reimbursements for medical expenses from the HCSP during the current calendar year. You may continue to request reimbursements for dental and vision expenses for you, your spouse, legal tax dependents, and children up to their 26th birthday.

To suspend your reimbursement, please complete a *Reimbursement Suspension Election* form which may be obtained by calling MSRS or may be downloaded from www.msrs.state.mn.us. You may not modify or revoke the suspension during the current calendar year.

B. Returning to work after termination/retirement

Depending on the circumstances, participants may or may not be eligible to request reimbursements from their HCSP if they return to work.

- If returning to work with a **previous public employer** who sponsored your HCSP and you are:
  - Eligible to receive health care benefits, then you may ***not*** request reimbursements from the Plan until you terminate employment.
  - Not eligible for health care benefits, then you may request reimbursements of the account balance that resulted from previous employment. **Contributions to the HCSP that result from re-employment with the same employer are not available for reimbursement until you terminate employment.**
- If returning to work with a **new employer**, then you may request reimbursements of the account balance that resulted from your previous employment. Contributions to the HCSP that result from the new employer are not available for reimbursements until you terminate with the new employer.

Example: An employee terminates employment with the State of Minnesota. She has an HCSP account balance of $500. Currently, she works for a Minnesota county where she contributes 1 percent of her bi-weekly pay to the HCSP. She may access the HCSP account balance that resulted from her State of Minnesota employment. She cannot access the contributions made through her new employer until she terminates employment with them.

Please note: An employee who terminates employment with a State of Minnesota agency and accepts a new position with another State of Minnesota agency is not considered to have a new employer.

C. Reimbursement of monthly insurance premiums

Complete section 2A of the *HCSP Reimbursement Request* form to request reimbursement of monthly medical, dental and long-term care insurance premiums. Life insurance is not reimbursable.

Attach documentation of the expense, such as third party receipt, bill or statement from the provider indicating the premium amount. If **Medicare,** please provide copy of your Medicare card.

Please note: If requesting reimbursement for premiums paid for previous months, you must provide proof that you had insurance coverage the entire span of time.

Indicate the monthly premium amount and the applicable months for which reimbursement is being requested.

"**Reimburse Future Months Automatically**" box:
Check "yes" if you want MSRS to automatically reimburse you every month. Automatic reimbursement payments are paid the last Friday of each month for the next month's premium. Payments will continue until the account is depleted or you notify us that you want to change or cancel the payments.

To Request Changes to Monthly Payments
Please complete a new *Reimbursement Request* form and provide documentation of the expense.

To Stop Existing Monthly Payments
Please call MSRS at 1-800-657-5757.

D. Reimbursement of other Healthcare Related Expenses

Complete section 2B of the *Reimbursement Request* form after you have incurred eligible healthcare expenses totaling $75 or more.

Refer to IRS Publication 502 for a complete list of eligible expenses.

Indicate the date the expense was incurred, for whom the expense was incurred and a brief description of the out-of-pocket expense. If requesting reimbursement for a legal tax dependent or an adult child, please indicate his/her date of birth.

Attach **one** form of documentation showing that the expense was incurred. This can be a copy of a third party receipt, bill or a statement showing the amount that was incurred. We do not require documentation indicating that the expense was paid, only that it was incurred. A carbon copy of the check is not appropriate documentation.

Expenses claimed can not be those reimbursed by insurance or other means.

Reimbursement for non-dependent adult child
Beginning January 1, 2011, participants may request reimbursements for their adult children's eligible health care expenses up to the child's 26th birthday. An adult child includes biological, adopted, step and foster children. The young adult does not have to be a legal tax dependent and can qualify regardless of marital status, status as a full-time student or place of residence.

The reimbursement extension does not extend to young adults with access to their own or their spouse's medical insurance coverage, nor does it include a young adult's spouse or children.

IMPORTANT NOTICE REGARDING OVER-THE-COUNTER DRUG REIMBURSEMENTS:
Beginning January 1, 2011, due to Federal Health Care Reform, over-the-counter drugs/medications are no longer reimbursable without a prescription. The new law does not apply to any items that are not medicines or drugs, including contact lens supplies, reading glasses, equipment such as crutches, medical supplies such as bandages and diagnostic devices such as blood sugar test kits. These items will continue to be reimbursable without a prescription.

MSRS grace period
Over-the-counter drugs/medications purchased prior to January 1, 2011 will be reimbursed without a prescription until December 31, 2011. Requests must be accompanied by documentation indicating the date of purchase. Over-the-counter drugs/medications purchased January 1, 2011 or after must be accompanied by a copy of the prescription as well as documentation of the expense incurred.

E. Payment Timing

The timing of your payment assumes the reimbursement request is received in good order. "Good order" means: a) the form is completed correctly; b) the form is signed and dated by the participant; and c) proper documentation of the expense has been included with the form.

Reimbursement of monthly insurance premiums: Payment is mailed or deposited into your bank account the last Friday of each month. *Please note:* Some financial institutions may not post your payment until 2 or 3 business days after the last Friday of the month.

Reimbursement of other healthcare related expenses: If using direct deposit, assume deposit will be posted to your bank account 7-10 business days after the date MSRS receives your paperwork. If receiving reimbursement by check, please allow additional time for mailing.

F. Delivery Options

Reimbursements are made payable to you and mailed to your address on file or deposited into your financial institution, if you previously provided MSRS with banking instruction.

Direct deposits to your financial institution
Please complete the *Direct Deposit Agreement* form to have reimbursements electronically transferred to your financial institution. The form can be obtained by calling MSRS or downloaded from our website, www.msrs.state.mn.us

Banking information must be on file for at least seven days before it is available for use. If banking information is not on file for at least seven days, your reimbursement will be processed but sent to you by check. Subsequent reimbursements will be deposited into your designated bank account.

60 Empire Drive | Suite 300 | St. Paul, MN 55103-3000
Telephone: 651-296-2761 | Toll-free: 1-800-657-5757 | Fax: 651-282-9909
www.msrs.state.mn.us

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1-800-627-3529, and ask to be connected to MSRS at 651-296-2761