

Reimbursement — Request —

Eligibility to Receive Reimbursements

You can access your HCSP account for the reimbursement of eligible medical expenses when you separate from service at any age, retire, or are collecting a disability benefit from a Minnesota public pension plan.

Only eligible medical expenses incurred after you leave public employment can be reimbursed. An expense is incurred the date the service is provided, not the date the bill is paid.

Instructions to Request a Reimbursement

1. Complete and sign the attached **Reimbursement Request** form.
2. Complete a **Direct Deposit Agreement** to have reimbursements deposited into your financial institution (not required if you previously provided banking instructions for your HCSP account or you prefer to receive payment by check).
3. Provide documentation of the expense(s). See pages 3 & 4 of this form to learn what is acceptable documentation.
4. Keep a copy of the form and documentation for your records.
5. Mail or fax the form and documentation to MSRS. DO NOT email your request. If you fax the form and documentation, it is **not** necessary to also mail the form and documentation to MSRS.
6. Payment will be made to you by check or deposited into your financial institution (if direct deposit instructions are on file). See page 4 for payment timing.



Need additional reimbursement forms?



Go to www.msrs.state.mn.us/hcsp

Select **Reimbursement Request** form located under “Popular Links”
(This is a “fillable form” that you can complete electronically and print.)

Before you begin, review section A on page 3 of this form to determine if you are eligible for reimbursements. Please return pages 1 & 2 of this form.

1. Information about you

Last name	First name	MI	10-digit Account ID or SSN
Mailing address			Daytime phone
City	State	Zip code	Date of birth

Check here if this is a change of address.

Reimbursement Eligibility Reason

Retired or Terminated Date _____

Important! If you have returned to work with a previous Minnesota public employer who sponsored your HCSP, please contact MSRS to determine if you are eligible to request reimbursements.

Collecting disability from Minnesota public retirement plan Date _____

Beneficiary or QDRO Account

2. Reimbursement of insurance premiums

Please review the instructions on page 3, Section C. Be sure to attach acceptable documentation of your expenses. Failure to provide the requested information or acceptable documentation may delay your request.



If you are currently receiving ongoing monthly payments from this account, please list all premiums to be reimbursed, even if there is no change to the reimbursement amount.

Type of Insurance (medical, dental, long-term care, Medicare B, C, or D)	Premium Amount/Month	Coverage Type	Reimburse Previous Months (e.g. June, July)	Reimburse Future Months Automatically
	\$	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family		<input type="checkbox"/> Yes - new installment <input type="checkbox"/> Yes - change existing installment <input type="checkbox"/> Yes - continue same amount
	\$	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family		<input type="checkbox"/> Yes - new installment <input type="checkbox"/> Yes - change existing installment <input type="checkbox"/> Yes - continue same amount
	\$	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family		<input type="checkbox"/> Yes - new installment <input type="checkbox"/> Yes - change existing installment <input type="checkbox"/> Yes - continue same amount
	\$	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Family		<input type="checkbox"/> Yes - new installment <input type="checkbox"/> Yes - change existing installment <input type="checkbox"/> Yes - continue same amount

3. Reimbursement of one-time expenses

Please review the instructions on page 4, Section D. Be sure to attach acceptable documentation of your expenses. Failure to provide the requested information or acceptable documentation may delay your request.

 If requesting reimbursement of a dental expense: Do you currently have dental insurance? Yes No

Date of Service (MM/DD/YY)	Relationship to Participant Please check appropriate box	Date of Birth (if dependent) *	Description of Expense (e.g., medical, dental, vision, RX, chiropractor)	Out-of-Pocket Expense
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent *			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent *			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent *			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent *			
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent *			
Claim Total				\$

Please attach extra page if expenses exceed space provided.

Must equal \$75 or more

* **Dependents** are those you claim on your tax returns or your adult children up to their 26th birthday.

4. Required signature

- I certify that all expenses for which reimbursement is claimed by submission of this form were incurred by me, my spouse, my legal tax dependent(s) or my child(ren) up to their 26th birthday.
- I certify that the medical expenses incurred by me, my spouse, my legal tax dependent(s) or 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 expenses are deemed not to be qualified medical expenses, I may be liable for payment of all taxes on amounts paid by the Plan related to such unqualified expenses.
- I certify that the medical expenses claimed have not or will not be reimbursed by any other health plan coverage.
- I take full responsibility for the accuracy and veracity of the information 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

Account ID or SSN _____

Mail or fax the completed form to:



60 Empire Drive, Suite 300
St. Paul, MN 55103-3000



Toll-free: 1-800-657-5757
Fax: 651-282-9909

Process for Requesting Reimbursement

A. Eligibility to receive reimbursements

You can access your HCSP account for reimbursement of eligible medical expenses when you separate from service at any age, retire, or are collecting a disability benefit from a Minnesota public employer.

Only eligible medical expenses incurred after you leave public employment can be reimbursed. You incur an expense the date the service is provided, not when the bill is paid.

Reimbursement suspensions (HCSP & HSA)

If you or your employer or your spouse or their employer contributed to a Health Savings Account (HSA) this calendar year, you cannot request HCSP reimbursements for medical expenses. You may continue to request reimbursements for dental and vision expenses.

To learn more, see www.msrs.state.mn.us/hcsp and choose HCSP & HSA Compatibility.

B. Returning to work after termination/retirement

- If returning to work with your **previous public employer** who sponsored your HCSP, please contact MSRS to determine if you remain eligible to request reimbursements.
- If returning to work with a **new employer**, you may request reimbursements of the account balance that resulted from your previous employment. Contributions to the HCSP that result from the new employment are not available for reimbursements until you end employment.

Example: An employee terminates employment with the State of Minnesota. She has an HCSP account balance of \$500. She now works for a Minnesota county where she contributes 1% 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 ends that employment.

For more details, see www.msrs.state.mn.us/returning-to-work.

C. Reimbursement of insurance premiums

Complete Section 2 of the *HCSP Reimbursement Request* form to request reimbursement of monthly after-tax medical, dental, and long-term care insurance premiums. Dental discount plans and Life insurance are not reimbursable.

Indicate the monthly after-tax premium amount and the applicable months for which reimbursement is being requested. **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.

Acceptable documentation

Attach a current statement from the insurer that includes insurer's contact information, name of person covered, the coverage dates, and the amount payable, itemized by type of insurance coverage (health, dental, or long-term care coverage). Failure to provide acceptable documentation will delay your request.

Do not send insurance coverage election/enrollment forms.

If Medicare Part B, please provide a copy of your Medicare card or letter from Social Security indicating the premium amount. Higher-income beneficiaries whose premium is more than the standard amount must provide a copy of the letter from Social Security indicating the premium amount.

If Medicare Part D or supplemental insurance, provide documentation indicating the premium amount.

Long-term care maximum annual limit

The amount of qualified long-term care premiums that can be reimbursed annually per person is limited. For more detail, please see Publication 502, which is available at www.irs.gov.

Reimburse future months automatically box:

Check "yes" if you want MSRS to automatically reimburse you every month and indicate if this is a new installment or change to an existing installment. Automatic reimbursements are paid the last Friday of each month for the following month's premium. Payments will continue until the account is depleted or you instruct us 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. **Note:** Your insurance provider does not notify MSRS of premium amount or coverage changes.

To stop or decrease existing monthly payments

Please call MSRS at 1-800-657-5757.

You cannot choose specific funds from which the reimbursement will be taken. Funds are pro-rated across all investment options.

D. Reimbursement of one-time expenses

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

Complete Section 3 of the *Reimbursement Request* form after you have incurred eligible healthcare expenses totaling \$75 or more. You may include multiple expenses on one form and attach additional pages, if necessary.

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, you must indicate his/her date of birth.

Process for Requesting Reimbursement

Acceptable documentation

Acceptable documentation can be all pages of an itemized statement from a provider or an insurance company's Explanation of Benefits (EOB). Failure to provide acceptable documentation that an expense was incurred will delay your request. Documentation must include the provider's name and contact information, date of service, amount charged for the service, the insurance reimbursement amount, person for whom service was provided, and treatment/service provided.

Do not send canceled checks, copies of checks, bank or credit card statements, handwritten receipts, an estimate of service not yet provided, balance-forward statements, or balance-due statements of expense.

Dependents

Dependents are those you can claim on your tax returns or an adult child up to their 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 include a young adult's spouse or children.

Over-the-counter (OTC) drugs

Over-the-counter drugs, such as aspirin, antacids and allergy medicine, can be reimbursed if you have a prescription from a qualified medical practitioner dated before the date of purchase. Your reimbursement request must include both the prescription and documentation of the expense.

Reimbursable expenses with physician's note

Some medical expenses can only be reimbursed if you have a written prescription or a *Letter of Medical Necessity* signed by a qualified medical practitioner that specifies a) the name/type of treatment; and b) the specific medical condition that requires the treatment/expense. The provider must update written documentation on an annual basis to continue to be eligible for reimbursement.

Maximum annual reimbursement limits

An annual reimbursement limit applies. The limit does not include medical, dental, or long-term care insurance premiums. Please visit www.msrs.state.mn.us for information regarding the annual limit amount.

You cannot choose specific funds from which the reimbursement will be taken. Funds are pro-rated across all investment options.

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 (see Sections C and D).

Automatic reimbursement of monthly insurance premiums

Payment is mailed to you 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 one-time 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.

Processing time may vary depending on the volume of requests received by MSRS.

F. Delivery options

Reimbursements are always paid to you, not your provider or insurance company.

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 information.

Direct deposits to your financial institution

Please complete a *Direct Deposit Agreement* form to have reimbursements electronically transferred to your financial institution. The form can be obtained online at www.msrs.state.mn.us or by calling MSRS.

Banking information must be on file for at least 10 days before it is available for use. If banking information is not on file for at least 10 days, your reimbursement will be processed but sent to you by check. Subsequent reimbursements will be deposited into your designated bank account.