


Submitting reimbursement requests with correct and complete documentation improves the review process and reimbursement timing of your request while reducing potential follow-up that may delay your reimbursement.

If you are submitting original documents with your request, please retain a photocopy for your records. Original documents are not returned.

Acceptable documentation for **insurance premium reimbursements** requires the following items:

1. **Insurance provider**
Name of the insurance provider.
2. **Covered participant**
Name of individual covered by the insurance.
3. **Coverage dates**
Dates the individual was covered by the insurance.
4. **Type of insurance**
Insurance type (medical, dental, vision, long-term care) and coverage (self, spouse, family).
5. **Premium amount**
Itemized by type of insurance. Include cost for each individual type.

Invoice	
	Insurance Provider 1.
John Doe 2.	
6.1.2024 to 6.30.2024 3.	
Total amount DUE before 6.1.2024 - \$365.21	
Account Activity Summary	
Previous Period	
Previous balance	\$365.21
Payments received	-\$365.21
Total previous period	\$ 0.00
Current Period	
Medical premium amount 4.	\$365.21
Current Amount DUE	\$365.21
Total amount DUE before 6.1.2024	\$365.21 5.

Documentation ***that may*** include this information:

- A welcome letter from your insurance provider
- An invoice for the coverage dates for which you are requesting reimbursement.
- Medicare insurance card or Medicare annual premium letter
- Social Security Benefit Verification Letter

Reimbursement of insurance premiums and setting up ***future automatic payments***

Reimbursement of health, dental, long-term care, and vision insurance premiums can be set up as recurring reimbursements. If you select this option on your *Reimbursement Request* form, future monthly reimbursements will process automatically.

Examples of ***unacceptable*** documentation

The listed items below include the most common types of incomplete documentation. These documents are missing required elements that allow us to reimburse your request.

- Credit card receipts and/or statements
- Cancelled checks
- Balance forward or previous balance statements
- Balance due or payment statements
- Estimated payment statements
- Bank statements showing payment
- Handwritten receipts, invoices, or agreements
- Insurance enrollment forms

Contact Us.



Phone: 1.800.657.5757 or 651.296.2761

Web: www.msrs.state.mn.us

Email: info@msrs.us

Address: 60 Empire Drive, Suite 300
St. Paul, MN 55103

MSRS communications can be made available in alternative formats upon request. Contact MSRS to obtain an alternate format.