

Q: Is there a way to set up an automatic monthly reimbursement for the Medicare supplement payment?

A: YBE now has a new form that can be used to request auto reimbursement for premiums paid monthly just call BE and request a set of forms. This has to be done every year for the following year.

Fax: 1-888-211-9900
Mail: Your Spending Account
 P.O. Box 785040
 Orlando, FL 32878-5040

SECTION 1 COVERED RETIREE INFORMATION

Last Name	First Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
ZIP Code	Previous Employer Name	Social Security Number - Last 4 Digits
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 ANNUAL REQUEST FOR PREMIUM AUTOREIMBURSEMENT - COVERED RETIREE

Fill out this section to request automatic premium reimbursement for the covered retiree

This is a (check one): New reimbursement Change to existing reimbursement

Insurance Provider Name: _____ Premium Type (Eg; Medical): _____

Monthly Premium Amount \$.

Coverage Begin Date (MM/DD/YYYY) / /

Fill out this section to request automatic premium reimbursement for the covered dependent

This is a (check one): New reimbursement Change to existing reimbursement

Insurance Provider Name: _____ Premium Type (Eg; Medical): _____

Monthly Premium Amount \$.

Coverage Begin Date (MM/DD/YYYY) / /

Fill out this section to request automatic premium reimbursement for the covered dependent

This is a (check one): New reimbursement Change to existing reimbursement

Insurance Provider Name: _____ Premium Type (Eg; Medical): _____

Monthly Premium Amount \$.

Coverage Begin Date (MM/DD/YYYY) / /

SECTION 4 RETIREE CERTIFICATION REQUIRED

By adding my signature to this page, I certify that the information I'm providing is correct and the premiums for which I'm requesting reimbursement:

- Were incurred for payment of premium coverage received by my eligible dependents or me;
- Were for coverage that started on my Coverage Begin Date as noted on the form;
- Haven't been reimbursed in any other way or from any other source and won't be submitted for future reimbursement; and

I also certify that I will notify Your Spending Account if my coverage amount changes, I discontinue payment of the premium for which I am being reimbursed, or I disenroll from a plan for which I am being reimbursed.

Claim decisions will be made in accordance with the provisions of the plan.

Retiree Signature	Date

Q: I know that once I reach 66, I can take my SS and then Suspend it. Then Mary can take 1/2 of mine. But when? She is 1 year younger than me, so does she have to wait until she is 66 or can she take mine immediately?

A: We have a rep from Social Security who will answer this in more detail, but we understand that she can commence receiving 1/2 of yours immediately, subject to appropriate reductions for her being under 66.

Q: When I turn 65, does the premium deducted for the BCBS PPO automatically reduce to the amount covering just my spouse (She is 15 years younger than me and will continue on the FCA PPO)?

A: Yes, the premium reduces to "single" for the FCA PPO.

That occurs the first of the month that you reach 65.

**Q: The slides indicate employees receive an HRA
(\$1975.00)**

**Is that immediate lump sum paid to the account the
month the employee turns 65?**

Can this be applied to the Medi gap premium?

A: First, the \$1975 HRA is the 2015 amount
(has been constant for a few years).

We will learn the 2016 amount in October.

For a spouse, it has been \$1750.

For the year a retiree or spouse turns 65, the amount is prorated.

Those amounts are provided to Benefit Express
(but not any actual funds) to account for reimbursements
from the HRA as we file claims.

The amount is available immediately, but only for expenses
incurred that date forward. Example: the \$1975 for 2015
can only be used to reimburse for expenses incurred in 2015 and later.