

How to Submit a Paper Claim for Your Retiree Health Reimbursement Account (RHRA)

This page includes instructions for completing the below Retiree Health Reimbursement Account (RHRA) Claim Form. A completed form must be accompanied by supporting documentation in order for reimbursement of an expense to be considered. Please be advised that missing information may delay your reimbursement, or result in denial of your reimbursement request.

Step 1: Account Holder Information

- Update the form to include your personal information for the purpose of identifying your account.

Step 2: Reimbursement Information

- Plan Type: The plan type has been pre-filled for you.
- Date(s) of Service: Provide the date services were rendered, or the date eligible products were purchased. If you are combining multiple expenses on one line, provide the range of dates during which expenses were incurred.
- Service Provider Name: Provide the name of the merchant or provider of service where the expense was incurred.
- Name of Person Receiving Product/Service: Provide your name or the name of the tax-qualified dependent for which the service was provided or the product was purchased.
- Claim Amount: Provide the total amount requested for the specified expense.
- Total Reimbursement Requested: Add all of the amounts in the "Claim Amount" boxes and provide the total here.

Step 3: Account Holder Certification

- Sign and date the form after reading the Account Holder Certification.

Step 4: Submit

- Submit the completed form with the supporting documentation to BenefitWallet as specified in step 4.

Documentation Requirements

Documentation of claims is an IRS requirement and you must provide documentation in order for your claim to be processed. If you do not provide the required information, we will be unable to process your claim. All documentation must include the following information:

- Name of person who incurred the service or expense
- Name and address of the provider or merchant
- Date service or expense was incurred
- Detailed description of the service or expense
- Amount charged for the service or expense

EOBs contain all of the required information and are an excellent form of substantiation documentation.

Unacceptable forms of documentation include the following:

- Provider statements that only indicate the amount paid, balance forward or previous balance
- Credit card receipts that only reflect a payment amount, bank statements or canceled checks
- Bills or pre-treatment estimates for medical expenses that have not yet occurred

Claim Filing Tips:

- Do not send original documentation – send copies of your itemized receipts and EOBs only.
- Do not highlight documentation, as highlighted sections may become unreadable in our imaging software.
- Do not include the instructions page – send only copies of the actual form on page #3.
- When submitting a receipt for a co-payment amount, please be sure the co-payment description is on the receipt. In some cases, you will need to ask for a receipt at the point of service. If “co-payment” is not clearly identified, have the provider write “co-payment” on the receipt and sign it.
- When submitting documentation for “dual purpose” expenses that have been recommended by a medical practitioner, the Medical Necessity Form must be included. To access the Medical Necessity Form, log in to your account at www.mybenefitwallet.com and go to the Resource Center.
- When submitting documentation for orthodontia expenses no contract is required unless some or all of the service was paid in advance. If you pay monthly payments, you can submit the ‘Automatic Orthodontia Request Form’ to receive automatic reimbursement for recurring orthodontia expenses.
- An Eligible expense listing can be found www.irs.gov/pub/irs-pdf/p502.pdf.

RHRA Claim Form

Step 1: Account Holder Information

Please complete the form in its entirety. Missing information may result in the denial or delay of your reimbursement request.

Employer Name: Southern California Edison

Account Holder Name (First, MI, Last): _____

Birth Date (MM/DD/YYYY): _____ Social Security Number: _____ Telephone: _____

Address : _____ City: _____ State: _____ Zip: _____

Step 2: RHRA Reimbursement Information

| Plan Type | Service Description | Date (s) of Service | Service Provider Name | Name of Person Receiving Product/Service | Claim Amount |
|-----------|---------------------|---------------------|-----------------------|--|--------------|
| RHRA | | | | | \$ |
| RHRA | | | | | \$ |
| RHRA | | | | | \$ |
| RHRA | | | | | \$ |
| RHRA | | | | | \$ |
| | | | | Total Reimbursement Requested | = |

Step 3: Account Holder Certification

I certify that the reimbursement requests I am submitting are eligible expenses as defined by the IRS and these expenses have been incurred by me, my spouse or my tax-qualified dependent. These expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that BenefitWallet, its agents or employees, will not be held liable if I submit ineligible expenses for reimbursement. By submitting this request, I certify that the information provided is complete and accurate. I agree to submit and retain sufficient documentation for any expense for which I seek reimbursement in the event of an IRS audit and 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 income tax return.

Account Holder Signature: _____ Date: _____

Step 4: Submit

For fastest results please submit your claim online. Or you may fax or mail this form along with your supporting documentation.

By Fax:

877.841.1152

By U.S. Mail:

BenefitWallet
PO Box 18009, Suite A
Norfolk, VA 23501