

# EVERGREEN TEACHERS ASSOCIATION HEALTH & WELFARE TRUST

## PREMIUM REIMBURSEMENT CLAIM FORM

Use this form for reimbursement of individual health insurance policy premiums.

### SECTION A – Retiree Information

ACCOUNT HOLDER'S NAME LAST	FIRST	MIDDLE	
STREET ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER

### SECTION B – Claim Detail (PLEASE PRINT)

All fields in this section must be completed. If information is missing, the processing of your claim may be delayed. Supporting documentation must be attached. See bottom of this form for more detailed claim filing instructions.

a. Dates of coverage	b. Name of person receiving coverage	c. Amount charged for premium	d. For Administrative Use Only
_____ to _____			\$
_____ to _____			\$
_____ to _____			\$
_____ to _____			\$

### SECTION C – Retiree Signature

I certify that the expenses listed above have been incurred and paid by me and/or my eligible dependents and qualify for reimbursement. These expenses have not been reimbursed and I will not seek reimbursement elsewhere. I understand that the expense for which I am reimbursed may not be used to claim any Federal income tax deduction or credit.

ACCOUNT HOLDER SIGNATURE	DATE
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**RETURN THIS FORM TO:** Evergreen Teachers Association Health & Welfare Trust  
PO Box 5057  
San Jose, CA 95150  
Teresa Farias (408) 288-4460 FAX (408) 288-4519 [tfarias@uastpa.com](mailto:tfarias@uastpa.com)

#### HOW TO FILE A CLAIM

To receive reimbursement for eligible expenses follow the steps below:

1. Complete and sign the Evergreen Teachers Association Health & Welfare Trust Premium Reimbursement Claim Form using a dark pen. (If your form is unsigned or incomplete, your claim request will be delayed or denied.)
2. Provide supporting documentation of your eligible expenses for each line item in Section B of the claim form.  
**Eligible expenses are valid for ONLY 15 months from expense date.** Supporting documentation must include:
  - a. Dates of coverage
  - b. Name of person receiving coverage
  - c. Amount charged for premium
  - d. Administrative Use Only
3. Mail, fax or e-mail your claim form with copies of supporting documentation (do not send originals) to the above address.
4. Keep a copy of the claim form as well as the original supporting documentation for your records.
5. Reimbursements are issued on a weekly basis.

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