

SACRAMENTO AREA ELECTRICAL WORKERS

Health Net PPO Deductible Reimbursement Form

Participant's Name: _____ Participant's SS#: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service	Provider's Name	Date of Service	Claim Amount*
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

** Claims on first form submitted must total at least \$800.00. (This constitutes proof of the individual's responsibility of \$500.00 and submission for reimbursement of \$300.00.) For each subsequent form, claims must total at least \$300.00. Amounts over the first \$500.00 but under \$300.00 can be submitted once each year in December.*

By signing this form, I understand that benefits shall be paid in accordance with the guidelines and limitations established by the Board of Trustees. (See the enclosed form for a brief description of covered benefits).

Participant's Signature: _____ Date: _____

Instructions: To receive reimbursement from the Sacramento Area Electrical Workers Health and Welfare Plan, you must complete **ONE FORM PER PATIENT** and submit the following information:

1. Copy of your Explanation of Benefits (EOB) from Health Net. (Receipts or Balance Due Statements from your doctor's office are not acceptable.)
2. Receipts or cancelled checks proving the amounts have been paid.

PLEASE NOTE: The Plan will reimburse your annual (calendar year) deductible actually incurred up to \$1,000.00 per individual/family member with a maximum of \$3,000.00 per family. The minimum amount that can be reimbursed must total \$300.00 per submission. You MUST allow up to 30 business days for reimbursement. All reimbursements for claims will be made payable to the participant.

MAIL TO: Sacramento Area Electrical Workers Health and Welfare Plan
c/o United Administrative Services
P.O. Box 5057
San Jose, CA 95150

For Administrative use only:			
Control ID: _____	Processing date: _____	Disp: _____	Init: _____