WageWorks®

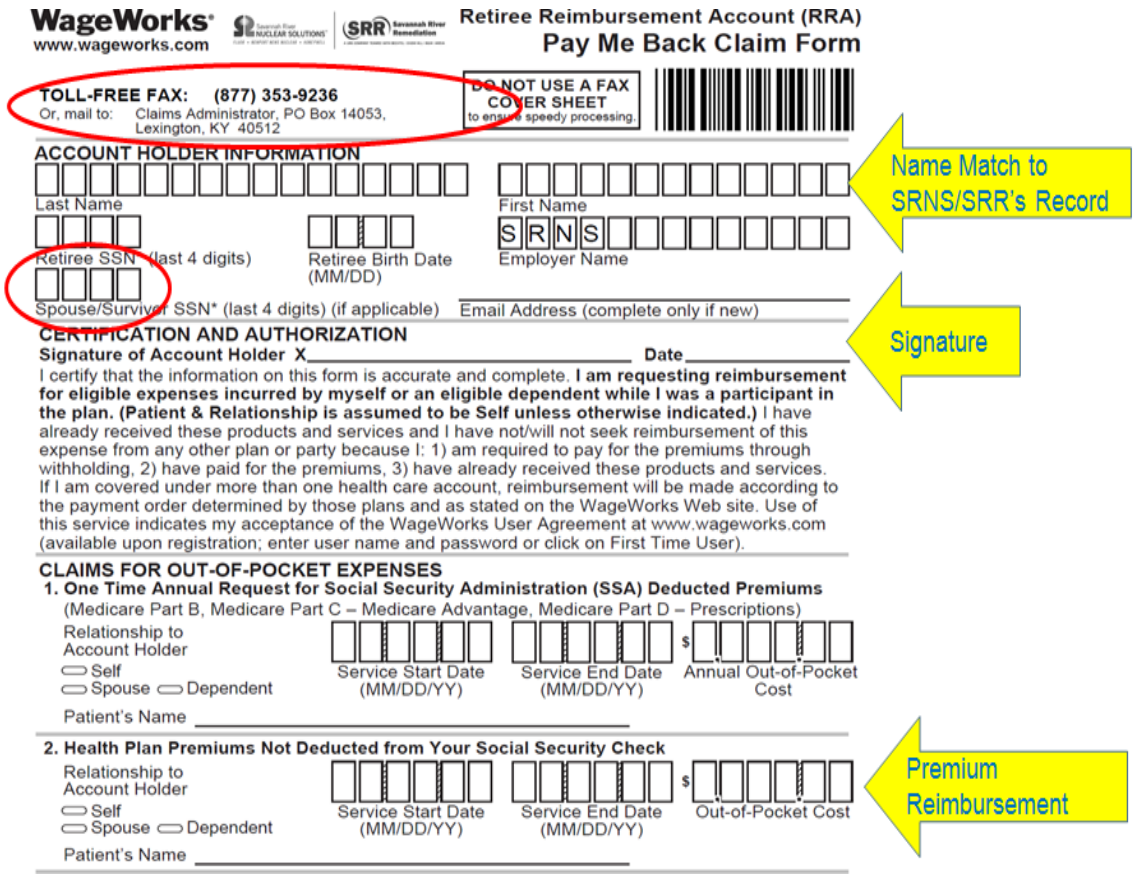
RRA Insurance Premium Pay Me Back Instructions

Pay Me Back Claims

Fill out the Pay Me Back claim form entirely.

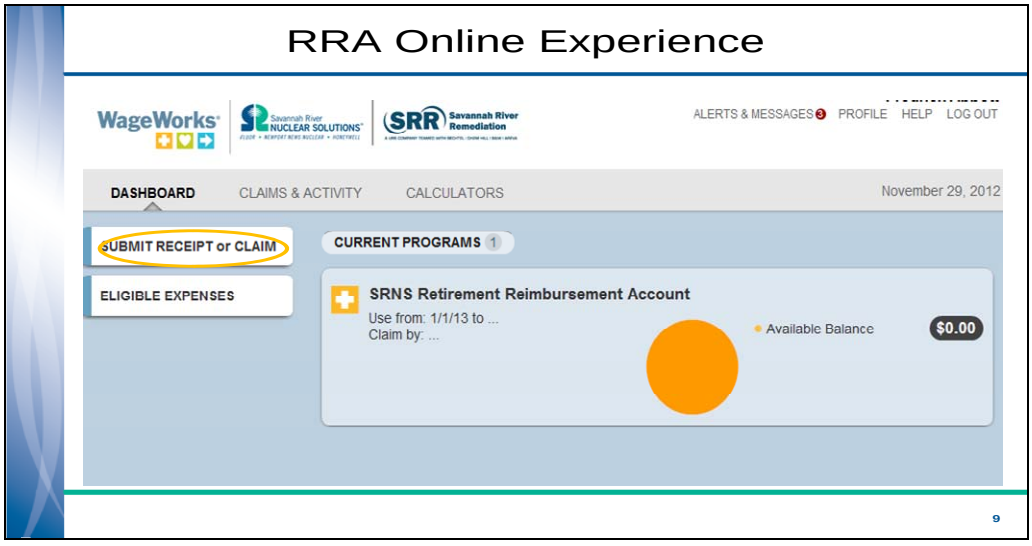
1. Name must match your former employer's records (no middle initial).
2. Fill out section 2 for premium reimbursement. *(Fill out Section 1 only if your Medicare premiums are deducted from your Social Security check)*
    a. Fill in the first day of the month in which you are claiming through the last day of the month you are claiming.
    b. The total amount claimed for the entire period.
    c. Select the participant – "Self" for the retiree, "Spouse", or "Dependent"
3. Sign the claim form.
4. Fax or mail the claim form and supporting documentation to the phone number/address noted.
    a. Fax to 877-353-9236 or mail to: Claims Administrator, P.O. Box 14053, Lexington, KY 40512
5. Include documentation showing monthly premium amount from the insurance company (examples of different types of acceptable documentation is listed below)
    a. Coupon Slips from the insurance company
    b. Itemized Statement from the insurance company
    c. Letter from the insurance company

    Documentation must include:
        a. Participant name (name(s) covered individual)
        b. Healthcare company provider name
        c. Date(s) of service (coverage period)
        d. Type of service (type of coverage)
        e. Premium amount
6. Include proof of payment (any of the examples listed below)
    a. Bank Statements showing check to "xyz insurance company" is cleared
    b. Insurance Company Statement showing payment in full for the coverage period
    c. Ongoing monthly insurance company statements showing previous months premium payment
    d. A copy of your Social Security "Cost of Living Statement" or Medicare Statement clearly indicating the amount of the monthly Part B, C, or D premium
    e. Cancelled check for premium payment to insurance company (copy of front & back of cancelled check)
    f. Credit Card Statements showing payment to insurance company

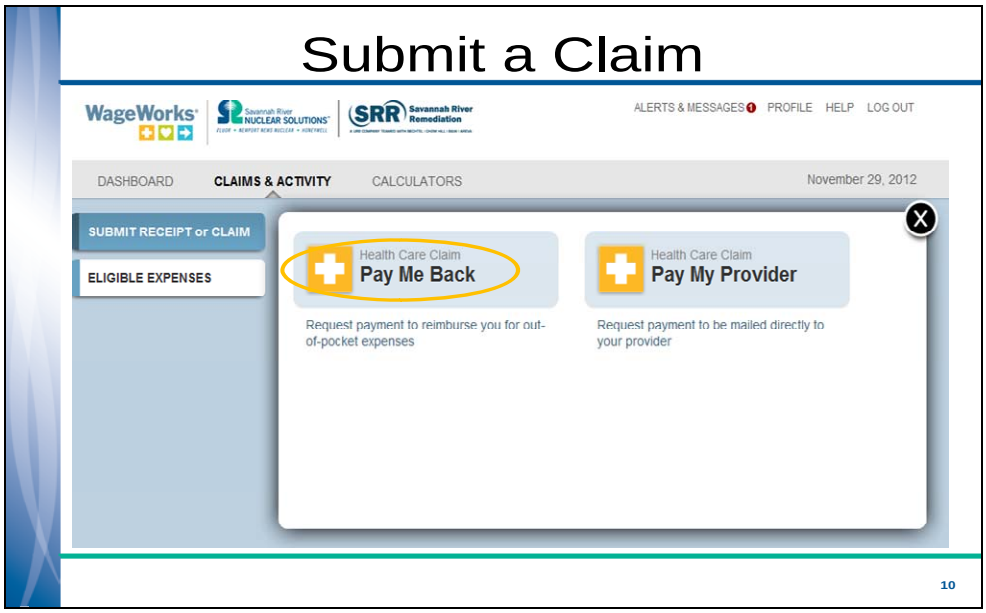


Claims can also be submitted online or through your mobile device. Below are steps for requesting an online Pay Me Back reimbursement:

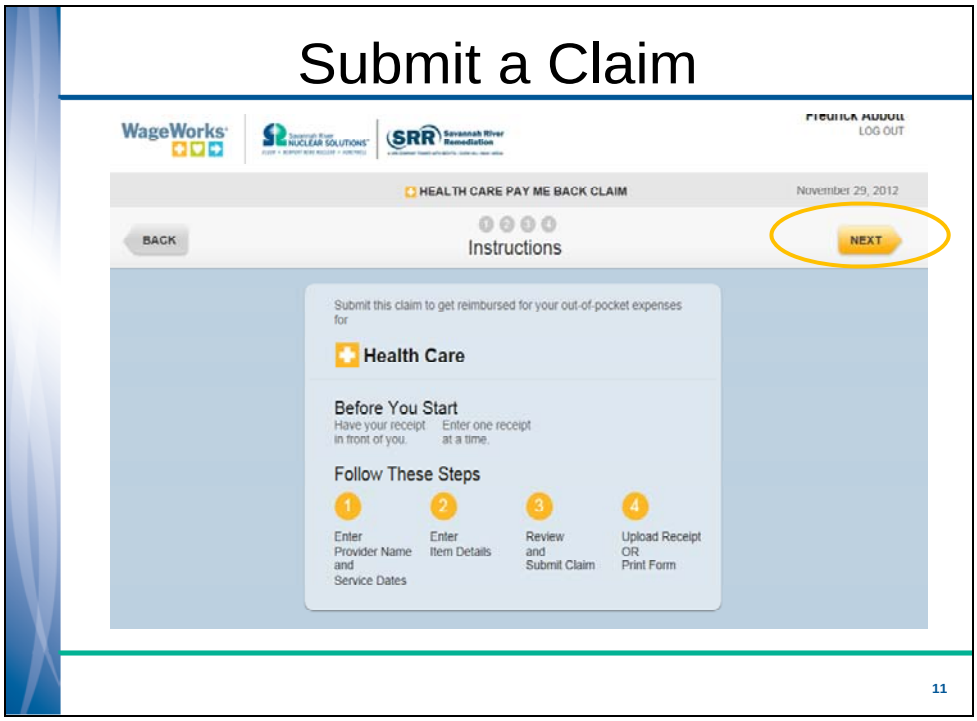
1. Click on "Submit Receipt or Claim"



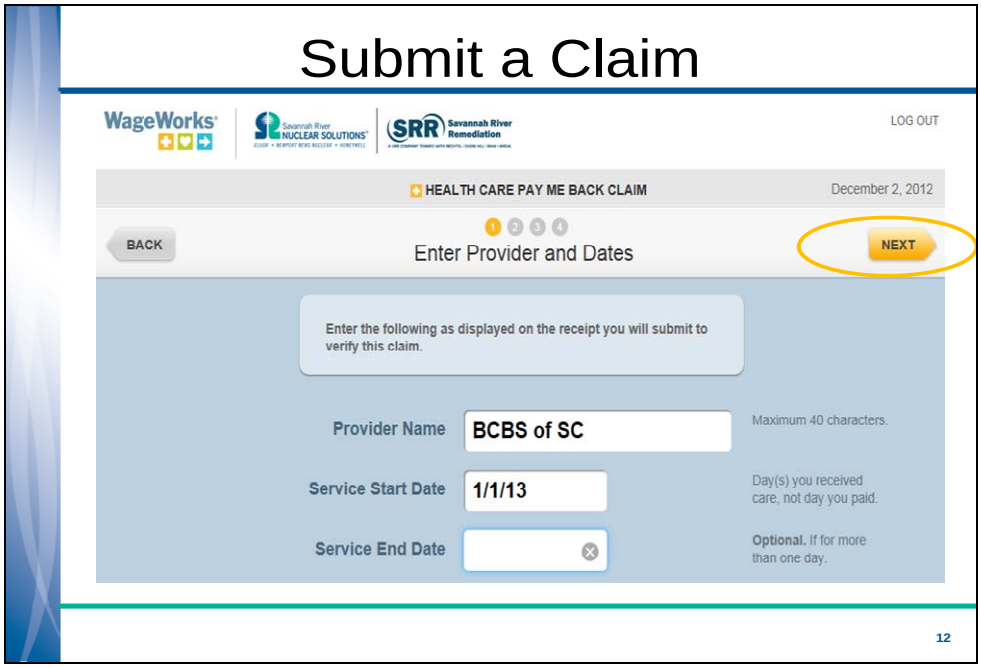
2. Then select “Pay Me Back.”



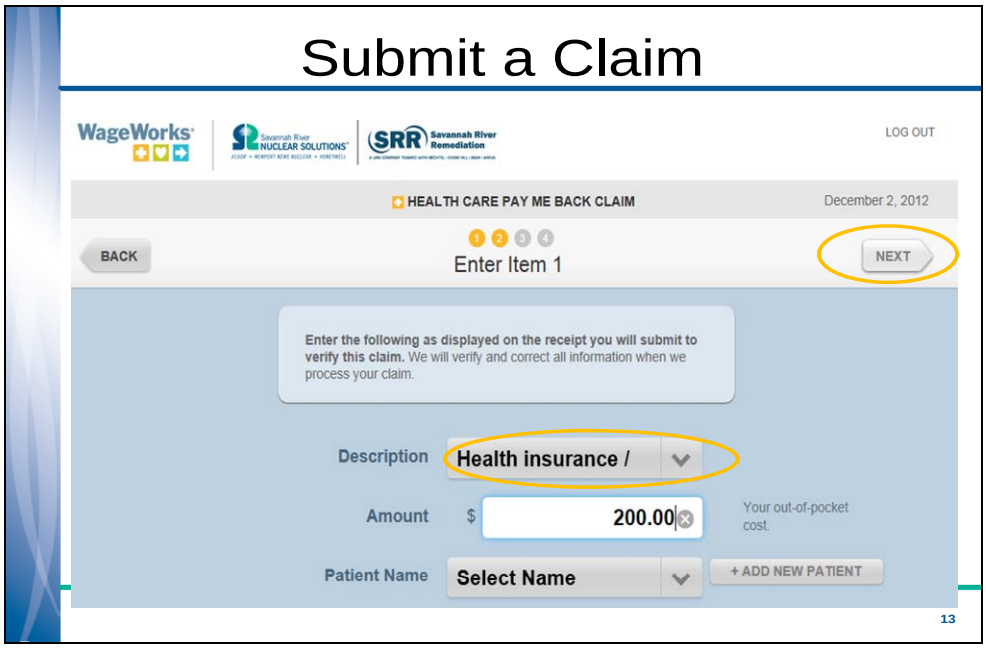
3. Hit the “Next’ Button



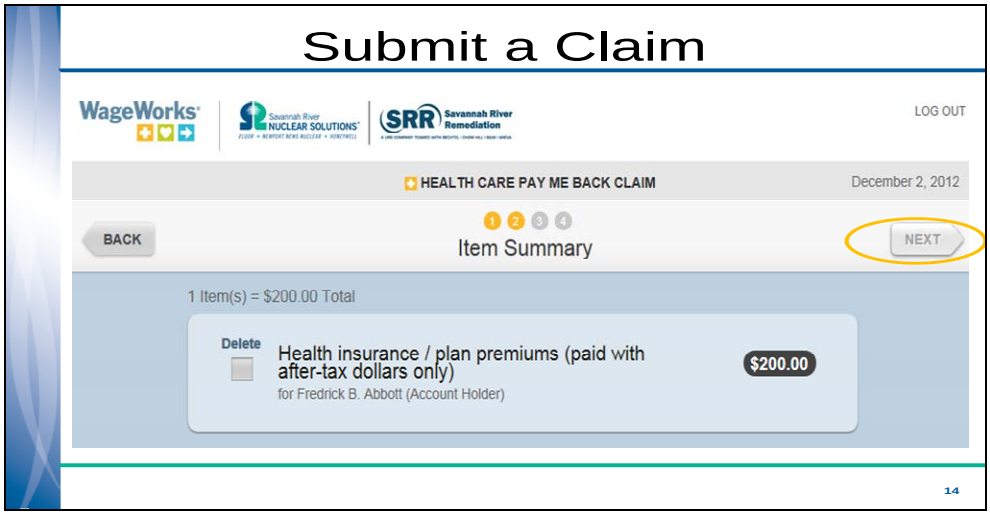
4. Enter or select the Provider Information and Dates of Service, then hit the “Next” button. Repeat the process for each month to ensure correct monthly payment unless annual premium was paid in full.



5. Select the Description of Service from the drop down menu. Then select “Other"' to produce more options such as “Health Insurance Premium”. Enter the amount and the name of the retiree or dependent and hit the “Next” button.



6. Confirm the summary and hit the “Next” button.



7. Click “Submit Claim.”
8. Scan and upload the invoice, contract or valid documentation to your computer.
9. Include documentation showing monthly premium amount from the insurance company (examples of different types of acceptable documentation is listed below)
    - Coupon Slips from the insurance company
    - Itemized Statement from the insurance company
    - Letter from the insurance company

    Documentation must include:
    - Participant name (name(s) covered individual)
    - Healthcare company provider name
    - Date(s) of service (coverage period)
    - Type of service (type of coverage)
    - Premium amount
10. Include proof of payment (any of the examples listed below)
    - Bank Statements showing check to “xyz insurance company” is cleared
    - Insurance Company Statement showing payment in full for the coverage period
    - Ongoing monthly insurance company statements showing previous months premium payment
    - A copy of your Social Security “Cost of Living Statement” or Medicare Statement clearly indicating the amount of the monthly Part B, C, or D premium
    - Cancelled check for premium payment to insurance company (copy of front & back of cancelled check)
    - Credit Card Statements showing payment to insurance company
11. Follow the instructions to upload your receipt. Participants can also print the documentation and fax to 877-353-9236 or mail to: Claims Administrator, P.O. Box 14053, Lexington, KY 40512.