



IAFF MERP MEDICAL EXPENSE REIMBURSEMENT PLAN

Administered by Vimly Benefit Solutions

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Frequently Asked Questions: 2025 Annual Verification

Q: How often am I required to submit a claim form?

A: A signed and completed claim form must be submitted once annually as it relates to premiums and/or funds to be issued from a member's unpaid claims balance. Expense submissions containing one-time items and/or services must be accompanied by a signed claim form with each submission.

For members wishing to receive a reimbursement with the January 2025 pay cycle, a claim form and updated proof of premium and the associated payment must be **received no later than December 25th, 2024**.

Q: Do I have to submit monthly proof of premium payment?

A: Per the updated guidelines provided by the IRS, IAFF-MERP is required to receive monthly proof of premium payments for all receiving members with private premiums (premiums deducted from paystubs, personal accounts, and/or pension accounts). In order for out-of-pocket costs to be recorded for reimbursement, documents outlining the coverage period, persons covered, and out-of-pocket cost should be submitted in addition to applicable proof of payment. Members that pay an annual or quarterly premium may submit these expenses as the cost is incurred and paid for so long as the submission is received prior to the end of the plan year's grace period.

Q: Are there any exceptions?

A: Members with premiums deducted for Part A, Part B, and/or Part D coverages directly through their Social Security Benefit are only required to submit proof of premium and accompanying claim form once annually. Additionally, members with coverages provided by a Vimly trust will not be required to submit monthly proof of premium.

It is encouraged for any members that fall under the exception to indicate the source of their coverages via their 2025 Claim Form. Those members with a claim carryover balance who do not wish to submit newly incurred items may also submit their updated claim form with reference to their carryover balance.

Q: When is the 2025 Annual Verification due?

A: Documentation should be received no later than December 25th, 2024. Forms received after this date will receive reimbursement with the following month's payment cycle as applicable.

Q: When is the claims deadline for expenses paid for in 2024?

A: Claims for items, services, and/or premiums paid for in 2024 must be postmarked by March 31st, 2025 in order to be recorded for reimbursement.

Q: What happens if I do not submit my Annual Verification?

A: For any members who do not submit their required documentation by the December 25th, 2024 date, a temporary pause in reimbursement may be seen with the January 2025 reimbursement cycle. Funds will continue to accrue during this period and will be retroactively reimbursed as applicable once all documentation has been received. For members with an Individual Account, both gains and losses and fees will continue to be processed on your investment account regardless of the status of their 2025 Annual Verification.

Q: Do I need to fill out the direct deposit form?

A: No, a new direct deposit form is not required unless this is your first submission. Only those that have new bank information or wish to change where funds are deposited need to submit this information.

Q: Can I now submit pre-tax premiums?

A: Yes, pre-tax premiums will be accepted effective with 1/1/2024 proof of premiums. This must be notated on the claim form. Those members with pre-tax expenses will have any portion paid based on the pre-tax portion of the expense only reported via 1099 as "Other Income" at the end of the tax year. No post-tax portions paid will be reported as income and remain tax-free.

Q: How do I know if it is a pre-tax premium?

A: Members with coverages through an employer and/or via a spouse's employer will generally have this information identified on a provided paystub. If unclear, it is recommended to reach out to the applicable Human Resources team to confirm if coverages are deducted pretaxation.

Q: If I cannot access proof of payment and/or premium verification until after the 25th of the month, what happens with my MERP reimbursement?

A: Once you submit your proof of premium and submit to the Trust Office it will be reimbursed with the next payment cycle. Any members with an excess claims balance available may receive a regular reimbursement via these funds regardless of a monthly submission being received.

Q: What can I use for proof of payment?

A: Proof of payment may take many forms including but not limited to paid copies of an invoice, bank and/or credit card statements, voided copies of checks, receipts, paystubs, pension statements, etc.

Proof of payment is required to be received for all premium and one-time expenses. Additional information may be needed to accompany your submission in the event of items or services purchased.

Q: How do I submit my claim form and documentation?

A: Claims (premium and/or one-time expenses) may be submitted via mail to Vimly's PO Box, uploaded through the SIMON® portal, email or fax. All submissions should list the member's first and last name. Items that are mailed will be processed based on the date received in office. Only items submitted to the IAFF-MERP@vimly.com will receive a direct confirmation of receipt.

In the event of missing information, communication will be sent via email with further information on any additional items needed to move forward with processing the applicable claim.

Q: When is the claims deadline?

A: The Trust Office must receive your proof by the 25th of the month for payment by the 15th of the following month. Please see below for the 2025 payment schedule:

- January 2025 Reimbursement – Payment Date: January 15th, 2025
 - November 26th, 2024 – December 25th, 2024 submission
- February 2025 Reimbursement – Payment Date: February 14th, 2025
 - December 26th, 2024 – January 25th, 2025 submission
- March 2025 Reimbursement – Payment Date: March 14th, 2025
 - January 26th, 2025 – February 25th, 2025 submission
- April 2025 Reimbursement – Payment Date: April 15th, 2025
 - February 26th, 2025 – March 25th, 2025 submission
- May 2025 Reimbursement – Payment Date: May 15th, 2025
 - March 26th, 2025 – April 25th, 2025 submission
- June 2025 Reimbursement – Payment Date: June 13th, 2025
 - April 26th, 2025 – May 25th, 2025 submission
- July 2025 Reimbursement – Payment Date: July 15th, 2025
 - May 26th, 2025 – June 25th, 2025 submission
- August 2025 Reimbursement – Payment Date: August 15th, 2025
 - June 26th, 2025 – July 25th, 2025 submission
- September 2025 Reimbursement – Payment Date: September 15th, 2025
 - July 26th, 2025 – August 25th, 2025 submission
- October 2025 Reimbursement – Payment Date: October 15th, 2025
 - August 26th, 2025 – September 25th, 2025 submission
- November 2025 Reimbursement – Payment Date: November 14th, 2025
 - September 26th, 2025 – October 25th, 2025 submission
- December 2025 Reimbursement – Payment Date: December 15th, 2025
 - October 26th, 2025 – November 25th, 2025 submission

Q: Can I request a specific payment total?

A: Yes. Beginning with the 2025 plan year, payments will be issued based either on the Total Requested Payment listed on the 2025 Claim Form under the **Summary of Request** or on the amount available to reimburse. Specific payment amounts requested will be in effect for the total amount to be paid until otherwise notified or when funds are exhausted, whichever comes first. Should a member wish to receive the maximum amount available for payment in a given payment cycle, they may elect to leave the Total Payment Requested blank or check the box provided indicating funds to be paid up to the available total.

In the event a member writes both a requested payment total and checks the box requesting maximum funds, payments will default to the maximum amount available.

Q: Do I need to include everything at the top of page 1 of the claim form?

A: Yes, all information should be completed. Address information should be completed for a member's preferred mailing address. Please note, full social security numbers are not required. The last four digits is considered sufficient.

CLAIM FORM FOR EXPENSE OR PREMIUM REIMBURSEMENT	
Plan Participant Name:	_____
Social Security Number:	_____ Date of Birth: _____
Spouse's Name:	_____
Address:	_____ _____
E-mail Address:	_____ Phone Number: _____

Q: What information do I need to provide for one-time expenses?

A: One-time claims submission may be entered on the second page and would be best used for one-time expenses such as co-pays, deductibles, pharmacy receipts, etc. Please include as much information as possible. The Total Claims Requested should reflect the combined total balance incurred out-of-pocket to be recorded.

Important: Receipts must include patient name, date of service, type of service, provider name, amount paid, and proof of payment made by the participant.

I am submitting the following non-premium expenses for reimbursement:	
Claim Description: _____	Total: \$ _____ Date of Payment: _____
Patient Name: _____	Service/ Item Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Co-Pay <input type="checkbox"/> Rx <input type="checkbox"/> Other
Claim Description: _____	Total: \$ _____ Date of Payment: _____
Patient Name: _____	Service/ Item Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Co-Pay <input type="checkbox"/> Rx <input type="checkbox"/> Other
Claim Description: _____	Total: \$ _____ Date of Payment: _____
Patient Name: _____	Service/ Item Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Co-Pay <input type="checkbox"/> Rx <input type="checkbox"/> Other

Q: What if my premium amount exceeds my monthly benefit amount?

A: If your premium cost exceeds your monthly benefit, we can continue to pay you until your initial proof is exhausted; at which time you must submit additional proof of payment.

Example: A member's monthly benefit amount is \$200.00 and their premium is \$1,000.00, funds would be issued for five months' worth of their benefit without additional items requiring monthly submission.

Q: Can I transfer my available benefit outside of the trust?

A: Funds are not eligible for transfer between internal or external accounts. Fund totals on a member's monthly benefit and/or Investment Account may only be used to reimburse approved submitted expenses and are not available for cash-out or transfer.

Q: Can I assign a non-dependent as a beneficiary?

A: No, only legal qualified dependents may be eligible to receive a continuation of benefits upon the death of a qualified member. A legal dependent includes legal spouses and legal dependent children under age 26. Children that are legal dependents over age 26 must have proof of permanent disability submitted to the Trust office.

Parents, siblings, domestic partners, friends, and other extended relatives are not considered eligible dependents and are not eligible for expense submission or beneficiary status.

Summary of Documentation Needed for Medical Expense Reimbursement Claims

For medical expense claims that are not insurance premium payments, you must submit a completed, signed Claim Form, accompanied by documentation showing:

- The dates on which the medical services or supplies were provided (must be a date prior to date of your claim);
- A description of the medical services or supplies (must qualify as tax-deductible – see IRS requirements below);
- Proof of payment of the medical expense, which can include one of the following:
 - Canceled check drawn to the name of the medical services or supplies provider, bank statement showing check payment, or credit card statement showing payment;
 - Copy of confirmation of electronic payment to the medical services or supplies provider; or
 - Receipt for payment from the medical services or supplies provider.

You must provide documentation sufficient to show that the medical expense is qualified as a tax-deductible medical expense. This standard requires documentation from your healthcare provider showing both treatment and diagnosis of a disease or medical condition. The following describes the type of documentation that we need to collect from you to support your medical expense reimbursement claim:

- Documentation that the expense was for diagnosis, treatment or prevention of disease or a particular medical condition. This means that you need a letter or prescription *from your healthcare provider* indicating that the expense was for supplies, medications, or services for the purpose of diagnosing, treating or preventing a particular disease or medical condition; and
- Healthcare provider letter or prescription stating that the expense was for treatment of a diagnosed or suspected disease of the Beneficiary.

The following are examples of circumstances in which the IRS does not permit reimbursement:

- The IRS does not allow reimbursement for items indicated only for the general well-being of the individual, even if a doctor has recommended them; there must be indication of a particular disease or medical condition that is being treated, diagnosed or prevented.
 - For example, vitamins and supplements are not reimbursable when taken for general well-being, even though your doctor might recommend them, but they could be reimbursable if prescribed by the doctor for treatment of a particular diagnosed disease.
- Another common example is massage therapy, which is not reimbursable for general health, but could be reimbursable if prescribed by a physician to treat a specific musculoskeletal condition.
- Weight loss treatments are not reimbursable for physical appearance or general well-being but are reimbursable if prescribed by a healthcare professional for treatment of a diagnosed disease, such as high blood pressure or obesity and accompanied by a Letter of Medical Necessity.

Q: What type of expenses can I submit for reimbursement?

A: Many expenses are considered eligible for reimbursement through the IAFF-MERP Trust. The guidelines for eligible expenses are based on the IRS Publication 502 and 213(d). Please see below for additional examples:

- **Ineligible Expense Examples**

- Over-the-counter drugs (i.e. cold medicine, Tylenol, allergy medicine, etc.)
- Gym memberships/ workout classes
- Couples and/or group counseling
- General use items (i.e. first aid kits, toothpaste, shampoo, etc.)
- Surrogacy Expenses
- Weight loss programs
- Cosmetic procedures (i.e. teeth whitening, face lifts, liposuction, etc.)
- Elective premiums: Short-term/ long term disability, AD&D, AFLAC coverages, legal plans, travel insurance, cost-sharing plans, etc.
- Home exercise equipment
- Sales tax and shipping
- Home nursing expenses
- Supplements* - May be approved with a Letter of Medical Necessity

- **Eligible Expense Examples**

- PPE – masks, hand sanitizers, bandages, home covid tests, etc.
- Chiropractic services
- Acupuncture services
- Fertility enhancement/modification (i.e. IVF, sterilization, vasectomy, etc.)
- Inpatient treatment for addiction/ alcoholism and stop smoking programs
- Oxygen and oxygen equipment - when in treatment of a medical condition
- Premiums: medical, dental, vision, pharmaceutical coverage, and long-term care
- Prescription glasses and contacts
- Preventative medical and dental work (i.e. doctor's appointments, dental cleaning, etc.)
- Rx costs
- Copays for eligible services