



IAFF MERP MEDICAL EXPENSE REIMBURSEMENT PLAN

Administered by Benefit Programs Administration
1200 Wilshire Blvd, 5th Floor · Los Angeles, CA 90017
Telephone: (844) 353-7839 · (213) 406-2370
Fax: (562) 463-5894
Email: IAFFMERP@bpabenefits.com

Welcome to the IAFF MERP Member Portal for Retirees

The Member Portal enables Retirees to efficiently and securely manage their benefits, including the ability to:

- Submit claims online
- Check the status of submitted claims
- Verify and submit demographic change requests
- Submit direct deposit change requests

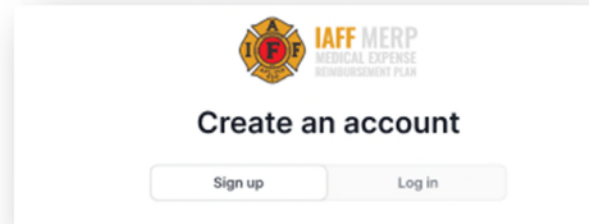
GETTING STARTED

HOW TO CREATE AN ACCOUNT

Navigate to <https://iaffmerpmember.rmt.bpabenefits.com/>

Step 1: Provide Your Information

- First Name
- Last Name
- Date of Birth
- ZIP Code
- Social Security Number (SSN)
- Email Address - **Personal Email Address**
- Create a Password



Step 2: Verify Your Email

- After submitting your information, you'll receive a verification code by email.
- Enter the code in the Member Portal to complete your registration.

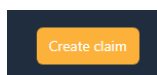
HOW TO FILE A NEW CLAIM:

Important Reminder: Only individuals who meet the eligibility requirements for the IAFF Medical Expense Reimbursement Plan (MERP) may receive benefits. **Before submitting a claim, please ensure the following:** you have officially elected your IAFF MERP benefit, **and** you have contacted the Trust Office to confirm your election is properly set up.



Step 1: Start a New Claim

- Click "Create claim"



- Click "Claim File Upload"



Step 2: Fill Out the Online Claim Form

You'll be prompted to enter the following:

- Service Type:** Select from dropdown (e.g. Medical, Dental, Premium)
- Service Provider:** Enter the provider or carrier name
- Date of Service:** When the service was provided
- Service Paid Date:** When you paid for the service or premium

The screenshot shows the 'Claim File Upload' page. At the top, there's a navigation bar with 'Personal Information', 'Accounts', 'Claims', 'Benefits Calculator', and 'Logoff'. A 'Create claim' button is on the right. Below the navigation bar, a disclaimer states: 'DISCLAIMER: Payments made in excess of benefit available will be paid in subsequent months. Please note, a separate claim must be submitted for each item of service.' The main heading is 'Claim File Upload' with 'Back' and 'Next' buttons. A progress bar shows three steps: 'Fill out claim form' (active), 'File selection', and 'Review'. Below the progress bar, two boxes show account balances: 'Individual account balance' at \$275,563.37 and 'Accumulated benefit available' at \$9,935.69. The 'Claim Form' section includes a note: 'Please submit one service type per claims submission with proof payment which includes the requested claim amount.' The form fields are: 'Service type *' (Medical Expenses), 'Service Provider *' (Johns Hopkins Medicine), 'Patient or dependant name *' (John Doe), 'Date of service *' (06/26/2025), 'Date of Payment *' (06/26/2025), and 'Requested Claim Amount *' (\$ 350 USD).

Step 3: Authorization & Disclosure

Check the required boxes to acknowledge:

- **Authorization for Individual Account Balance**
- **Acknowledgment of Claim Disclosure**

The screenshot shows the 'Authorization & Disclosure notice' section. It contains two paragraphs of text. The first paragraph is 'Individual Account Balance Authorization: If your total requested reimbursement claim exceeds your Accumulated Benefit Amount, the Trust Office will automatically pay the excess claimed amount from your Individual Account balance, if any. Please indicate using the provided options to allow or restrict the use of any applicable Individual Account funds. Forms submitted without a selection will have the default applied allowing reimbursement.' Below this are two radio button options: 'Yes - I authorize the use of available Individual Account funds' and 'No - Do not issue from my Individual Account'. The second paragraph is 'Disclosure Notice: by continuing to submit your claim you acknowledge payments made in excess of benefit available will be paid in subsequent months.' Below this is a radio button option: 'Yes - I acknowledge and or certify that payments made in excess of benefit available will be paid in subsequent months.'

Click "Next"

The screenshot shows two buttons: a 'Back' button with a left arrow and a 'Next' button.

Step 4: Upload Supporting Documents

- **EOB** (Explanation of Benefits)
- **Pension Statement** showing premium deduction
- **Bank Statement, Receipt, or Invoice** showing payment
- **Medicare Statement** showing payment

Step 5: Review Your Claim

Confirm all your information and uploaded files are correct

Step 6: Finalize and Submit

Click “Submit” to complete your claim

ANNUAL PREMIUM SUBSTANTIATION FOR MONTHLY PREMIUM REIMBURSEMENT

Monthly Claim Submission Requirement

To ensure your claim is processed (adjudicated), you must:

Submit a Monthly Online Claim

- Log in to the Member Portal each month.
- Complete and submit the online claim form.

Include Proof of Monthly Payment

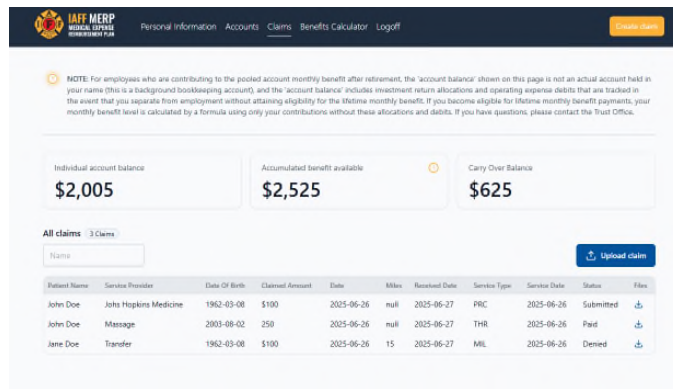
- Upload documentation showing that the monthly payment was made (e.g., receipt, bank statement, invoice).

This step is required every month to keep your claim active and eligible for review and payment.

HOW TO CHECK THE CLAIM STATUS

On the **Member Portal Dashboard**, go to the **Claims** tab located at the center of the page.

- **Note:** Claims submitted after **July 1, 2025**, will be displayed with their corresponding status codes, as shown below. Your **carry over balance** will include any claim amounts submitted, but not paid, by the previous administrator as of June 2025.



Status	Meaning
Submitted	Your claim has been successfully submitted through the Member Portal.
Processing	The claim is currently under review by the claims adjudication team.
Denied	The claim was reviewed and determined it is an ineligible expense per IRS rules, or more information is required to fully adjudicate the claim.
Approved	The claim is an eligible expense per IRS rules.
Carried Over	Amount of claim that will be reimbursed in subsequent months.
Paid	The claim was fully paid and issued on the 25th of the month.
Partially Paid	Part of the claim was approved and paid on the 25th of the month. Additional monies will be reimbursed in subsequent months.

MY CLAIM WAS DENIED. WHAT ARE MY NEXT STEPS?

You will **receive a letter in the mail** explaining:

- The **reason** for the denial.
- Any **missing or incorrect information**.
- Steps you may take to appeal or resubmit

If More Information Is Required

If the denial was due to missing or incomplete information, you can:

- **Gather the required documents or details.**
- Submit a **new claim** online through the Member Portal, including the additional information.

CLAIM PAYMENTS

We encourage all participants to enroll in direct deposit to receive reimbursements more quickly. For the July 25, 2025 claim reimbursement, your banking information was securely transferred by the prior administrator to BPA.

A link to the **direct deposit form** will be posted to the website.

When completing the form, be sure to have the following ready:

- Your bank account number
- Your routing number
- Proof of banking information, such as:
 - A voided check, or
 - A bank letter on official letterhead showing your name, routing number, and account number

This ensures your account is verified and your reimbursements are processed without delay.

CONTACTING THE ADMINISTRATION OFFICE

Please contact the Trust Office with any questions about the IAFF MERP Member Portal.

Administered by Benefits Programs Administration
1200 Wilshire Blvd, 5th Floor
Los Angeles, CA 90017
Telephone: (844) 353-7839
Email: IAFFMERP@bpabenefits.com