



## 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: Click Sign Up

##### Provide Your Information

- Email Address - **Personal Email Address**
- Confirm Email
- Password
- Participant First and Last Name
- Confirm Password
- Social Security Number (SSN)
- Date of Birth
- Zip Code

#### 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.



### Register New User

Please fill in your details to create an account

Email Address

Confirm Email

[Resend Confirmation](#)

Password (6 char minimum)

Confirm Password

Participant Name

Social Security# (format: 999-99-9999)

Birth Date (format: mm-dd-yyyy)

Zip Code

[Sign up](#)

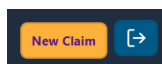
Already have an account? [Sign in](#)

### 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 "New Claim"




## Step 2: Fill Out the Online Claim Form


You'll be prompted to enter the following:


<b>Service Type:</b>	Select from dropdown (e.g. Medical, Dental, Premium)
<b>Service Provider</b>	Enter the provider or carrier name
<b>Patient or dependent Name:</b>	Select from dropdown (if your dependent is not listed – contact BPA)
<b>Date of Service:</b>	When the service was provided
<b>Service Paid Date:</b>	When you paid for the service or premium
<b>Requested Claim Amount:</b>	Enter the requested claim amount

### Claim File Upload

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**Fill out claim form**  
Provide a few details about your claim

**File selection**  
Select a file for upload from your computer

**Review**  
Finalize & Submit

Individual account balance  
**\$26,176.43**

Accumulated benefit available ⓘ  
**\$1,494.01**

**Claim Form**  
Please submit one service type per claims submission with proof payment which includes the requested claim amount.

Service type \*

Service Provider \*  

Provider Name or Carrier Name

Patient or dependant name \*  

JOHN DOE

Date of service \*  

mm/dd/yyyy ⓘ

Date of Payment \*  

mm/dd/yyyy ⓘ

Requested Claim Amount \*  

\$ Number bigger than zero USD

## Step 3: Authorization & Disclosure

Check the required boxes to acknowledge:

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

**Authorization & Disclosure notice**

**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.

Yes - I authorize the use of available Individual Account funds ☐

No - Do not issue from my Individual Account ☐

**Disclosure Notice:** by continuing to submit your claim you acknowledge payments made in excess of benefit available will be paid in subsequent months.

Yes - I acknowledge and or certify that payments made in excess of benefit available will be paid in subsequent months. ☐

Click “Next”

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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

Claim File Upload

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Next

Fill out claim form

Provide a few details about your claim

File selection

Select a file for upload from your computer

Review

Finalize & Submit

Individual account balance

\$26,176.43

Accumulated benefit available

\$1,494.01

Requested Claim Amount

\$1

Provide documentation

Upload at least one of the following documents:  
EOB from Insurance Provider  
Pension Statement showing deduction premium  
Bank Statement  
Medicare Statement

DISCLAIMER: If required documents are not provided to substantiate your claim, your claim will be denied. You will need to provide sufficient documentation to the Trust Office and submit a new claim with the appropriate supporting documentation.

Drag and drop your file here

or

Browse files

(max: 10 MB)

Step 5: Review Your Claim

Confirm all your information and uploaded files are correct

Claim File Upload

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Finalize & Submit

Fill out claim form

Provide a few details about your claim

File selection

Select a file for upload from your computer

Review

Finalize & Submit

Individual account balance

\$26,176.43

Accumulated benefit available

\$1,494.01

Requested Claim Amount

\$1

Review your claim

Notice: To expedite your claim please make sure of the following.  
Your requested claim amount matches the amount on your receipt.  
You are submitting 1 service type per claim and per receipt.  
You may be required to provide additional documentation to substantiate the claim  
Please see our FAQ for more help.

Claim information

Service type

Premium - Vision

Service Provider name or Carrier Name

Testt

Date of Service

2025-07-01

Patient or Dependent Name

JOHN DOE

Requested Claim Amount

1

Service Paid Date

2025-07-01

Selected Documents

IAFF MERP TEST CLAIM DOC.pdf

0.10 MB

## Step 6. Certification and Agreements of Beneficiary

Select the check box acknowledging the claim certification

Certifications and Agreements of Beneficiary

I confirm that I have read and accept the following Agreements:

☐

a. I certify that the claim(s) were incurred for services and/or premiums on behalf of me or my eligible Beneficiaries. These expenses have not been reimbursed, and I will not seek reimbursements from any other source.

b. If I request and receive reimbursement from the Trust for an expense that does not qualify for reimbursement under this Plan, or that does not have sufficient documentation, I understand that the Trust may pursue recoupment of overpaid benefits or penalties for failure to withhold taxes, including offsetting future benefits.

c. I understand that the benefits paid to me by the Trust cannot exceed the actual premiums and/or medical expenses paid by eligible Beneficiaries.

d. I understand that I am responsible for all premium payments to the insurance carrier(s) and that the Trust will reimburse me - not the insurance carrier.

e. I understand that I must submit proof of payment of each insurance premium prior to receiving reimbursement of the premium.

f. I understand that at least annually I will be required to furnish a new Claim submission and new third-party documentation of my insurance coverage and proof of payment of premiums. I agree to notify the Trust within 30 days of termination or reduction of any of the claimed insurance premiums. If I fail to do so, I will be obligated to reimburse the Trust for any overpayments to me, as well as to pay the Trust for penalties and interest.

g. I understand that these benefit payments are not taxable, and thus, reimbursed expenses and premiums are not allowed as deductions when filing my individual income tax return. I understand that the Plan cannot reimburse, on a tax-free basis, insurance premiums that are paid with pre-tax income and that I must request a taxable benefit payment for reimbursement of premiums paid with pre-tax income. I understand that the amount requested as a taxable benefit payment will be taxable income to me, and that I am responsible for any income tax penalties incurred related to improper deduction on my individual income tax return of medical expenses or premiums reimbursed pursuant to this claim.

h. I affirm that I am not currently employed by any Trust Participating Employer (including part-time or contract work) and was not employed by a participating employer when the attached expenses were incurred. I affirm that I do not intend to start employment with a participating employer within the next year, and if I do return to work, I will inform the Trust Office prior to my first day of work. I acknowledge that this Plan is a retiree-only plan, and therefore, a Beneficiary cannot receive benefits while employed by a Participating Employer. I understand the Trust could be subject to penalties under federal law, if benefits are paid during employment, and the Trust may seek to recover those penalties from me.

i. I understand that the Plan may pursue legal and equitable remedies against me for any false, fraudulent, or misleading information provided on this Claim Form. I agree to indemnify and reimburse the Trust on demand for overpayment of benefits, and any liabilities or damages incurred, as a result of a fraudulent claim payment.

j. I certify under penalty of perjury that I have read and understood the above-mentioned items of this Claim submission, and all information on this Form is true, accurate and correct, to the best of my knowledge.

## Step 7: Finalize and Submit

Click “Finalize & Submit” to complete your claim

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Finalize & Submit

## Step 8: Confirmation

Success!

Your claim has been successfully uploaded.

[Go to claims](#)

[Submit another 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.



Personal InformationAccountsClaimsBenefits Calculator

New Claim

Please note that the IAFF MERP's administration services are being transferred from Vimly to Benefit Programs Administration (BPA). The current data, including account balances, in the Member's Portal is being verified by BPA, the new IAFF MERP Administrator, and may be subject to revision upon completion of the verification process. If you have any questions or concerns regarding the information shown, please contact BPA at (844) 353-7839 or [iaffmerp@bpaenefits.com](mailto:iaffmerp@bpaenefits.com)

NOTE: For employees who are contributing to the pooled account monthly benefit after retirement, the 'account balance' shown on this page is not an actual account held in your name (this is a background bookkeeping account), and the 'account balance' includes investment return allocations and operating expense debits that are tracked in the event that you separate from employment without attaining eligibility for the lifetime monthly benefit. If you become eligible for lifetime monthly benefit payments, your monthly benefit level is calculated by a formula using only your contributions without these allocations and debits. If you have questions, please contact the Trust Office.

Individual account balance

\$26,176.43

Accumulated benefit available

\$1,494.01

Carry Over Balance

\$0

All claims3 Claims

Create claim

Patient Name	Service Provider	Date Of Birth	Claimed Amount	Date	Miles	Received Date	Service Type	Service Date	Status	Files
JOHN DOE	Atena	1967-04-02	\$15	2025-06-30		2025-07-01	Medical Expenses	2025-06-30	Submitted	📎
JOHN DOE	Copay TEST	1967-04-02	\$100	2025-06-01		2025-07-01	Medical Expenses	2025-06-01	Submitted	📎
JOHN DOE	Testtt	1967-04-02	\$1	2025-07-01		2025-07-01	Premium - Vision	2025-07-01	Submitted	📎

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 TRUST OFFICE

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

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