Benefit Programs Administration

Member Portal Guide

A Walkthrough of Personal Information, Account Balances, Claims, and the Benefits Calculator

Retiree Medical Trust Member Services

August 2026

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1. Overview

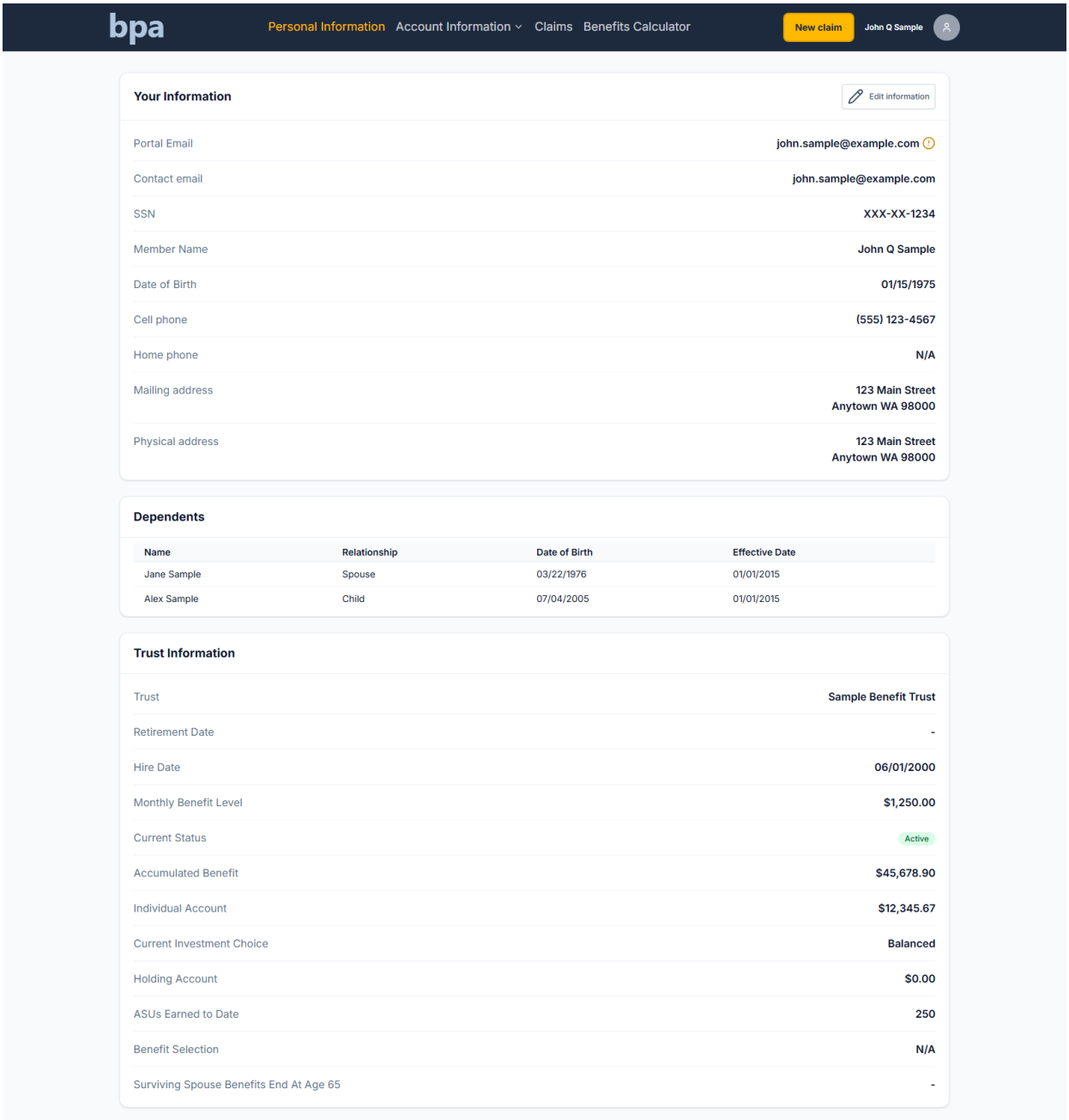
The Member Portal gives retirees and beneficiaries self-service access to their Trust account, claims, and benefit projections. Screenshots in this guide use a sample member ("John Q Sample") with placeholder data for illustration only.

The navigation bar appears at the top of every page and includes four main sections, plus quick access to submitting a new claim:

Menu Item	What It Does
Personal Information	View and edit contact details, dependents, and Trust account summary.
Account Information	Drop-down with three views: Individual Account, Pooled Account, and Accumulated Benefit Transactions.
Claims	View claim history and status, or start a new claim.
Benefits Calculator	Run an estimate of the future monthly benefit level at retirement.
New claim (gold button)	Shortcut to the claim submission wizard from any page.

2. Personal Information

This is the member's landing page after login. It summarizes contact details, dependents, and Trust-specific account values in one view.



Your Information

Displays the member's portal email, contact email, masked SSN, name, date of birth, phone numbers, and mailing/physical addresses. Select Edit information (top right) to update contact details.

Dependents

Lists dependents on file with relationship, date of birth, and effective date of coverage — useful for confirming who is eligible on a claim.

Trust Information

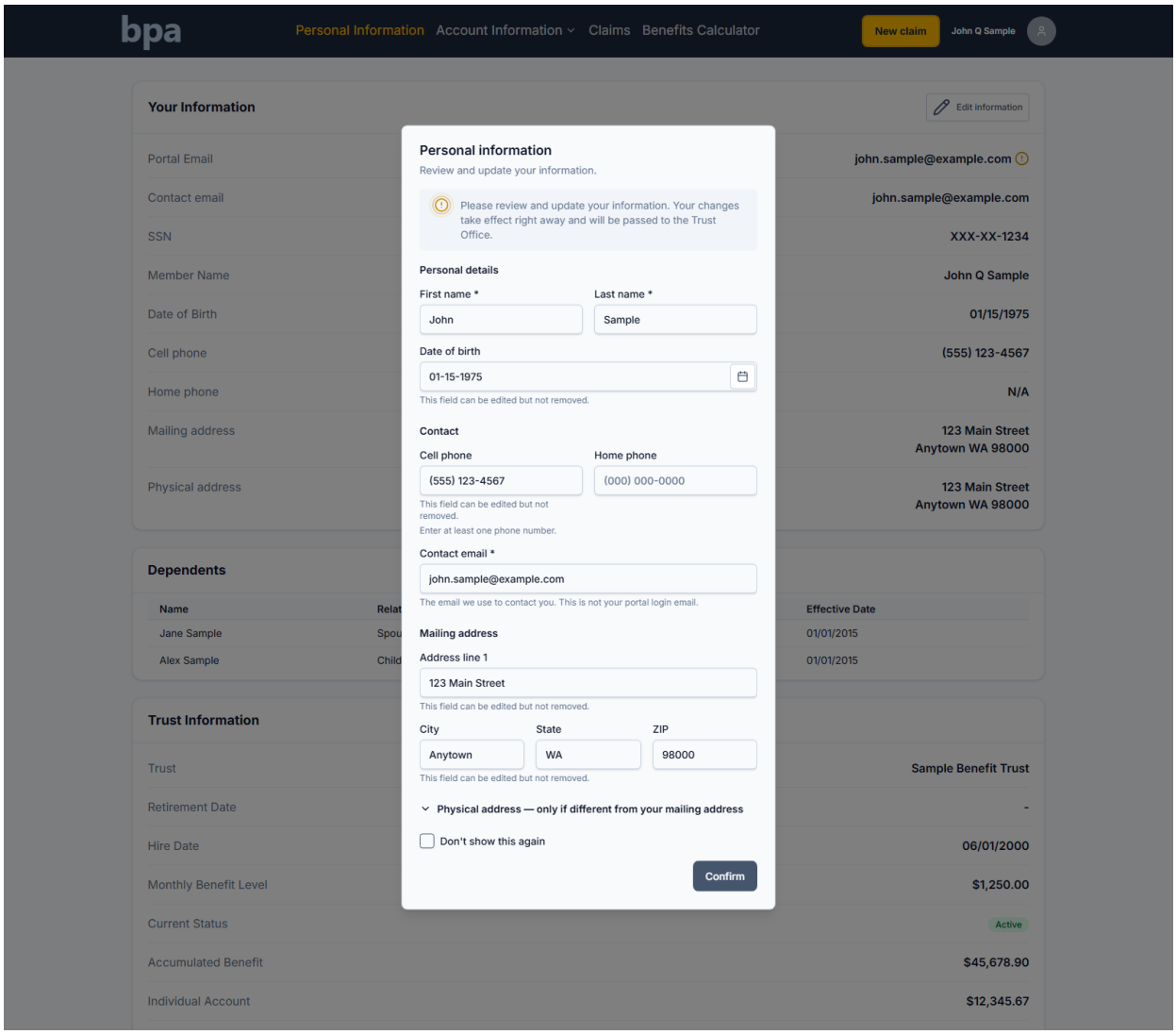
Summarizes the member's plan-level data:

- Trust — the specific trust plan the member is enrolled in
- Hire Date and Retirement Date
- Monthly Benefit Level and Current Status (e.g., Active)
- Accumulated Benefit — balance available for reimbursement claims
- Individual Account — balance in the member's individual investment account
- Current Investment Choice, Holding Account, ASUs Earned to Date
- Benefit Selection and Surviving Spouse Benefits End at Age 65 (where applicable)

> **Note:** The Accumulated Benefit and Individual Account balances shown here also appear on the Claims page and are used to calculate what can be reimbursed.

2.1 Editing Your Information

Selecting Edit information (top right of the Your Information panel) opens a pop-up where the member can review and update their personal details. Changes take effect immediately and are passed to the Trust Office — there is no separate save/approval step.



Editable Fields

Field	Notes
First name / Last name *	Required. Can be edited but not removed — the field cannot be left blank.
Date of birth	Can be edited but not removed.
Cell phone / Home phone	At least one phone number is required between the two fields. Each can be edited but not removed once entered.
Contact email *	Required. This is the email used to contact the member — it is separate from and does not change the portal login email.
Mailing address (Address line 1, City, State, ZIP)	Required. Can be edited but not removed.
Physical address	Optional, collapsed by default — expand only if the physical address differs from the mailing address.

** Required field.*

1. Select Edit information from the Your Information panel.
2. Update any of the personal details, contact, or mailing address fields shown.
3. Expand Physical address only if it differs from the mailing address.
4. Optionally check Don't show this again to skip the reminder banner on future visits.
5. Select Confirm to save. The updated information is reflected immediately on the Personal Information page and shared with the Trust Office.

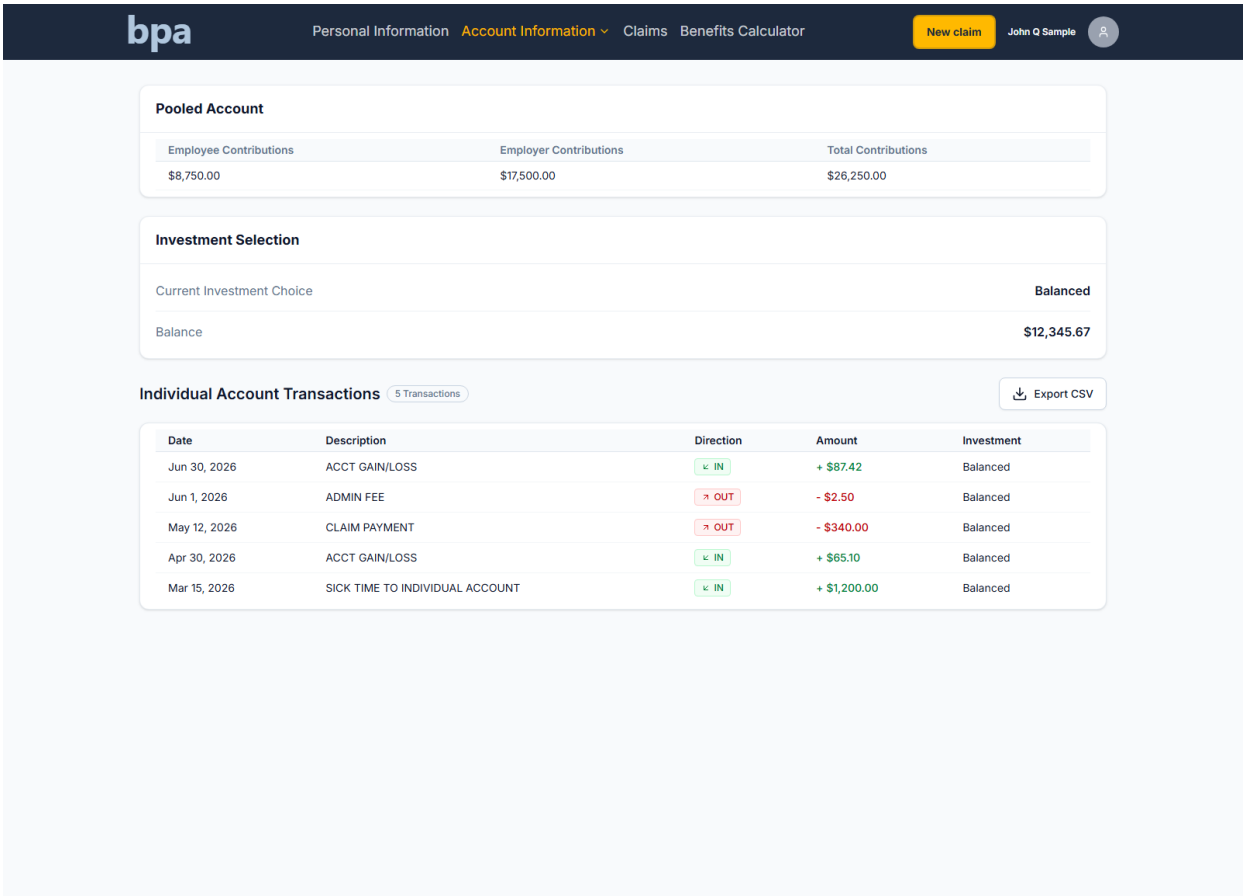
> **Note:** Portal Email and SSN are not editable from this pop-up. If either needs to change, the member should contact the Trust Office directly.

3. Account Information

The Account Information menu expands into three views. Select the view from the drop-down in the navigation bar.

3.1 Individual Account

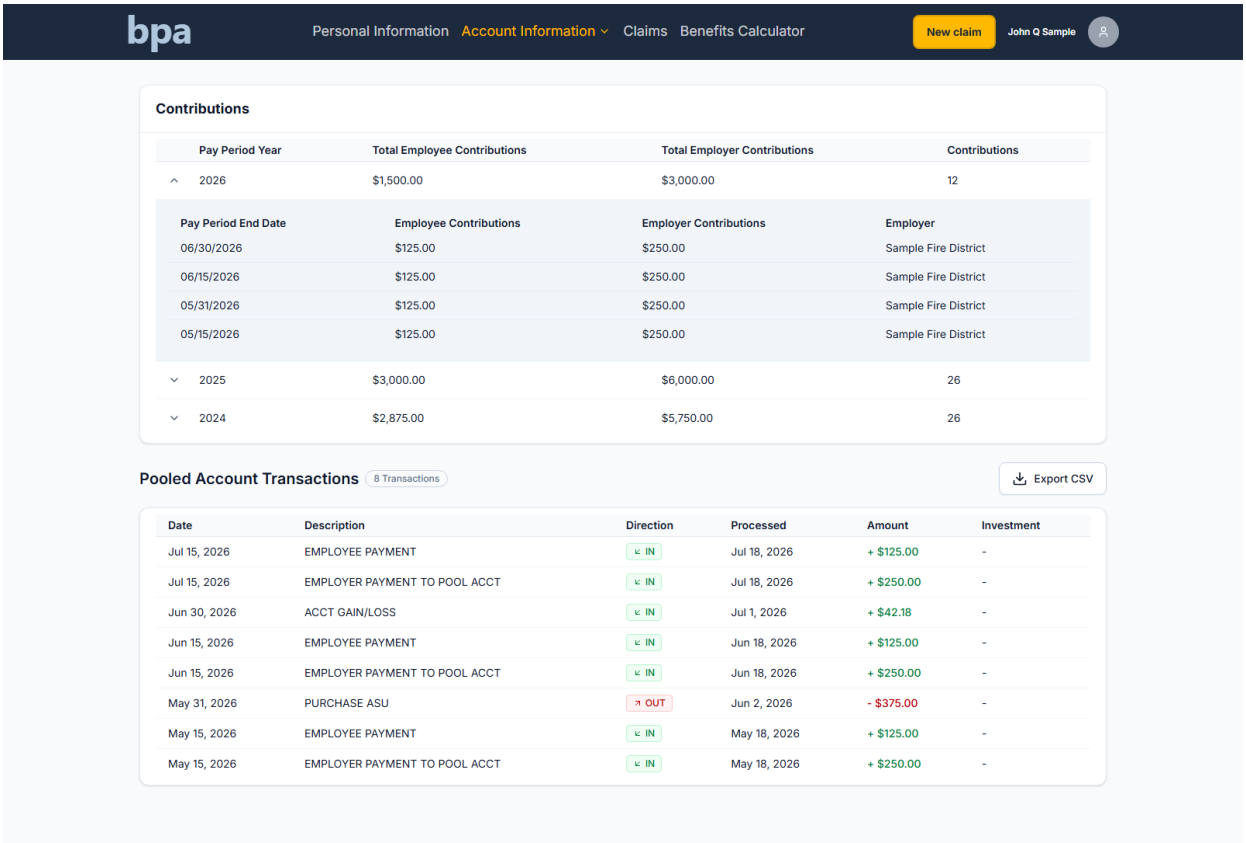
Shows the pooled contribution summary (employee, employer, and total contributions), the member's current investment selection and balance, and a transaction ledger for the Individual Account.



- Pooled Account panel: lifetime employee and employer contribution totals
- Investment Selection panel: current investment choice and balance
- Individual Account Transactions: dated ledger of gains/losses, admin fees, claim payments, and contributions, with Export CSV available

3.2 Pooled Account

Shows year-by-year contribution history (expandable by year to see each pay period) and a separate transaction ledger for the Pooled Account.

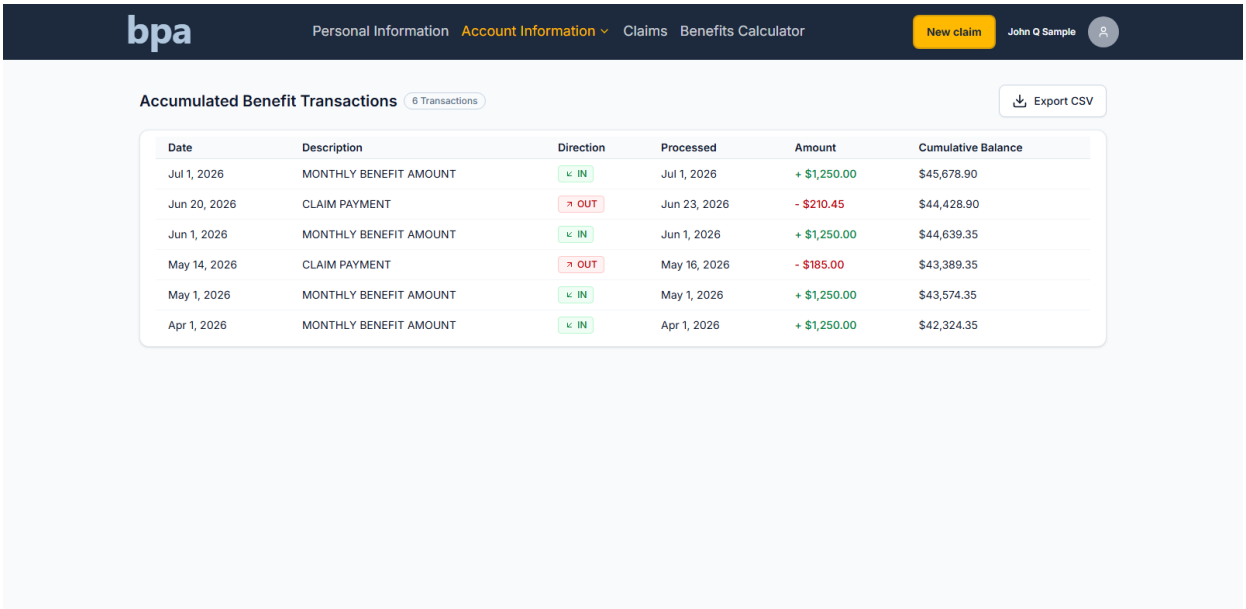


- Contributions table: expand a year to see pay-period-level employee/employer contributions and the contributing employer
- Pooled Account Transactions: employee/employer payments, gains/losses, and ASU purchases, with Export CSV available

> **Note:** Funds received prior to July 1, 2025 may not reflect in the correct employee/employer column, but overall contributions should be accurate based on records from the prior plan administrator.

3.3 Accumulated Benefit Transactions

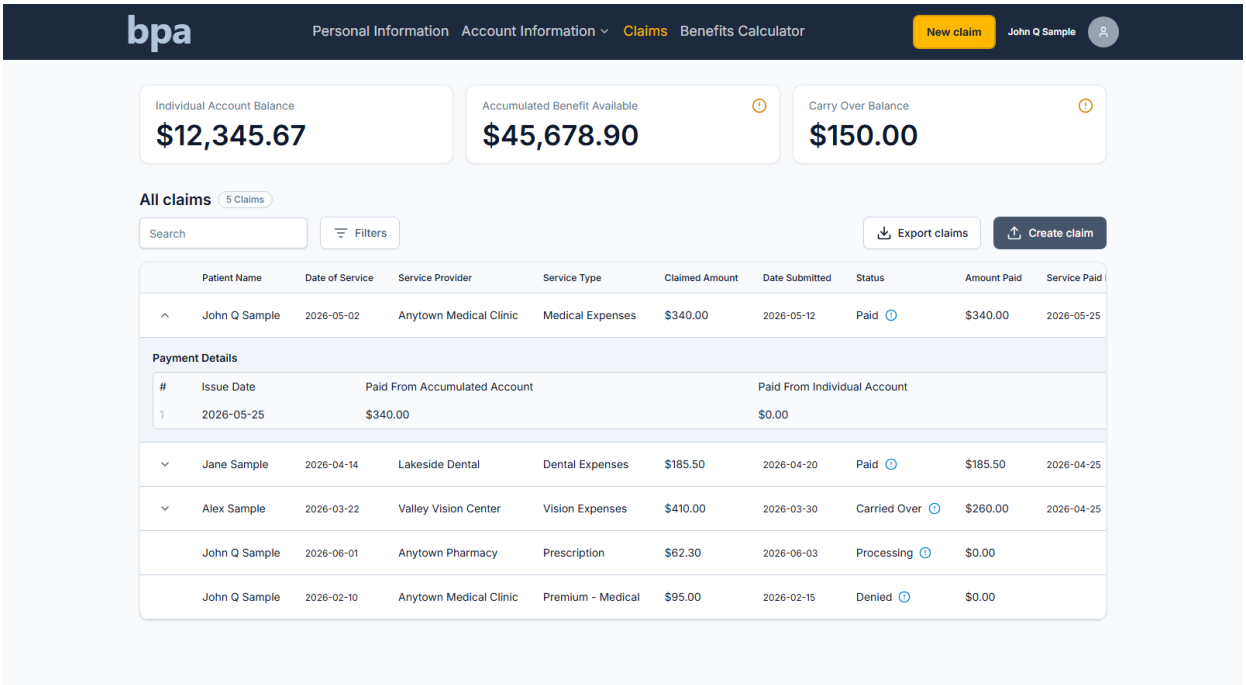
Shows the ledger of monthly benefit credits and claim payments drawn against the Accumulated Benefit, along with a running cumulative balance.



> **Note:** Cumulative Balance in this table should match the Accumulated Benefit figure shown on Personal Information and Claims.

4. Claims

The Claims page shows account balances relevant to reimbursement, plus the member's full claim history. From here, members can also start a new claim.



- Summary tiles: Individual Account Balance, Accumulated Benefit Available, and Carry Over Balance
- All Claims table: searchable and filterable, showing patient, service date, provider, service type, claimed amount, submission date, status, and amount paid
- Expand a row (chevron) to see Payment Details — how much was paid from the Accumulated Account versus the Individual Account
- Status values include Paid, Processing, Carried Over, and Denied
- Export claims to CSV, or select Create claim / New claim to start a new submission

How to File a Claim

4.1 Before You Start

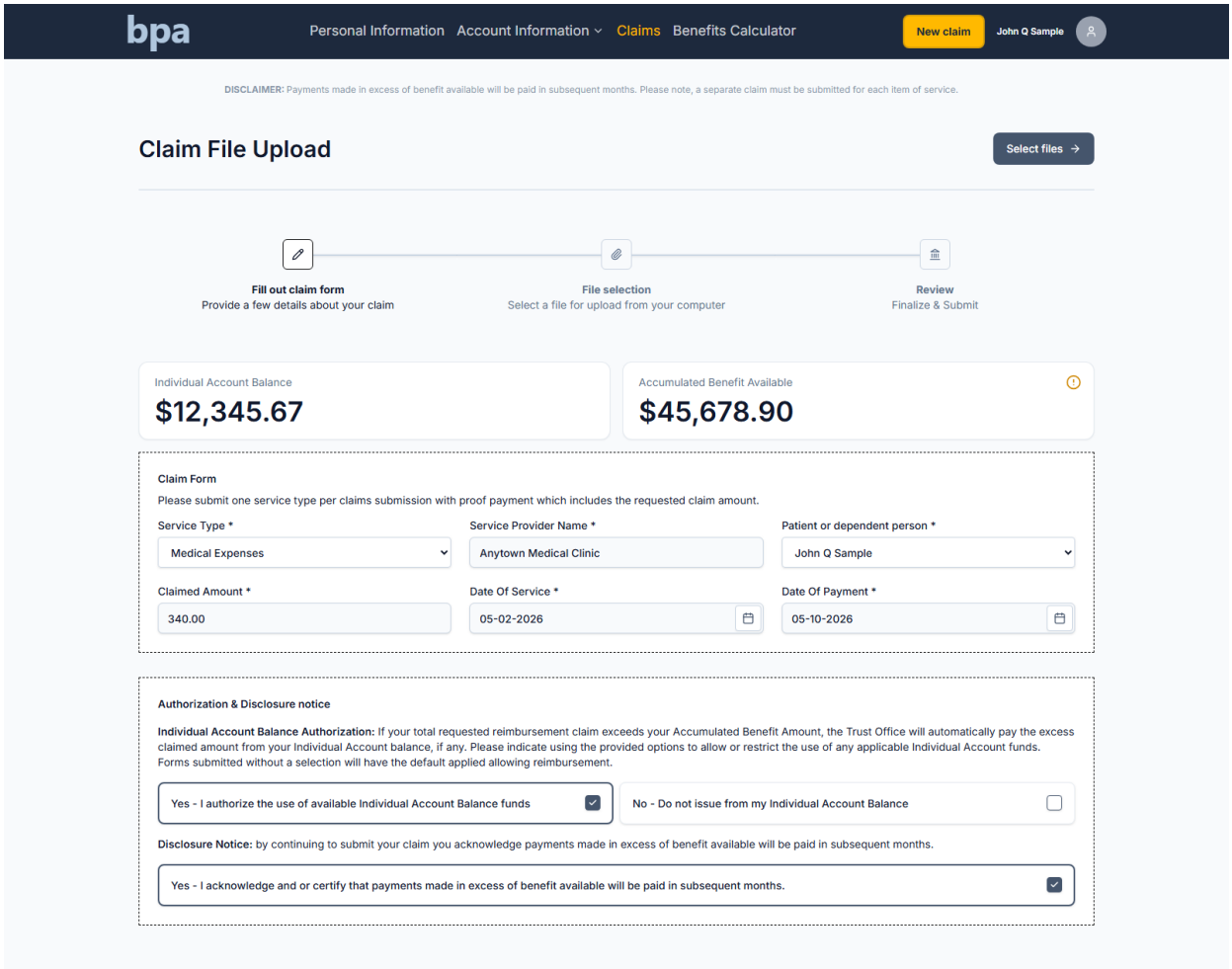
Have the following ready before opening the wizard — it cannot be saved partway through, so gathering these first prevents a lost session:

- The provider's name exactly as it appears on the receipt or statement
- The exact claimed amount, date of service, and date of payment
- A digital copy (PDF, JPG, or PNG) of the receipt and any supporting statement, under 10 MB per file
- Which family member (self or a listed dependent) the expense applies to

> **Note:** Only one service type may be submitted per claim, and only one item of service per claim. Multiple unrelated expenses require separate claim submissions.

4.2 Step 1: Fill Out Claim Form

Selecting New claim opens a three-step wizard. Step 1 captures the claim details. The two balance tiles at the top (Individual Account Balance and Accumulated Benefit Available) update live and are shown throughout all three steps for reference.



Claim Form Fields

Field	What to Enter
Service Type *	Category of the expense, selected from a drop-down (e.g., Medical Expenses, Dental Expenses, Vision Expenses, Prescription, Premium – Medical). This determines what documentation is required in Step 2.
Service Provider Name *	The name of the clinic, dentist, pharmacy, insurance carrier, or plan the expense was paid to, exactly as it appears on the receipt.
Patient or dependent person *	Who received the service — the member or a listed dependent. Only dependents already on file under Personal Information appear here.
Claimed Amount *	The dollar amount being requested, matching the receipt exactly. Do not round or estimate — mismatches are a leading cause of delay or denial.
Date Of Service *	The date the service was actually provided (not the billing date). For a Premium claim, use the 1st of the month the premium covers.
Date Of Payment *	The date the member paid for the service out of pocket.

** Required field.*

Authorization & Disclosure Notice

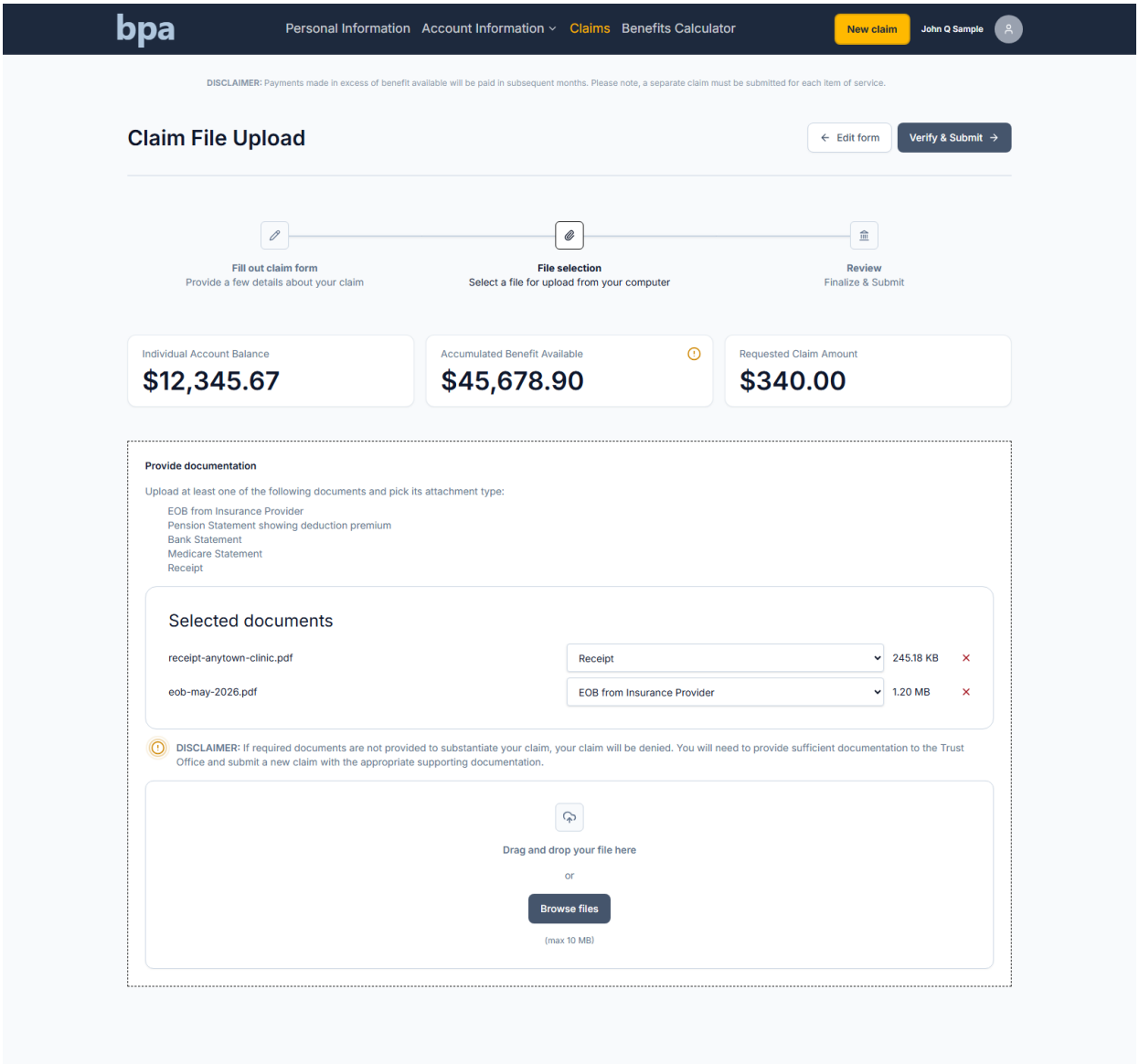
Two acknowledgments appear at the bottom of Step 1:

- Individual Account Balance Authorization — choose “Yes” to allow any amount above the Accumulated Benefit to be automatically paid from the Individual Account balance, or “No” to restrict payment to the Accumulated Benefit only. If no selection is made, the system defaults to Yes (allow reimbursement).
- Disclosure Notice — acknowledges that amounts exceeding the current benefit available will be paid in subsequent months rather than denied outright.

> **Note:** Selecting “No” on the Individual Account authorization means any portion of the claim above the Accumulated Benefit Available will not be paid until enough Accumulated Benefit accrues in a future month.

4.3 Step 2: File Selection

Step 2 requires uploading at least one supporting document and labeling each one with the correct attachment type. The Requested Claim Amount carried over from Step 1 is shown for reference.



Accepted Document Types

Attachment Type	When to Use It
Receipt	Itemized proof of payment showing the provider, service, date, and amount paid. Required for nearly all claim types.
EOB from Insurance Provider	Explanation of Benefits from a health insurer showing what was billed, covered, and left as the member's responsibility.
Pension Statement showing deduction premium	Used for Premium – Medical claims where an insurance premium is deducted directly from a pension payment.
Bank Statement	Supports proof of payment when a receipt alone doesn't show the amount actually withdrawn (e.g., an autopay premium).

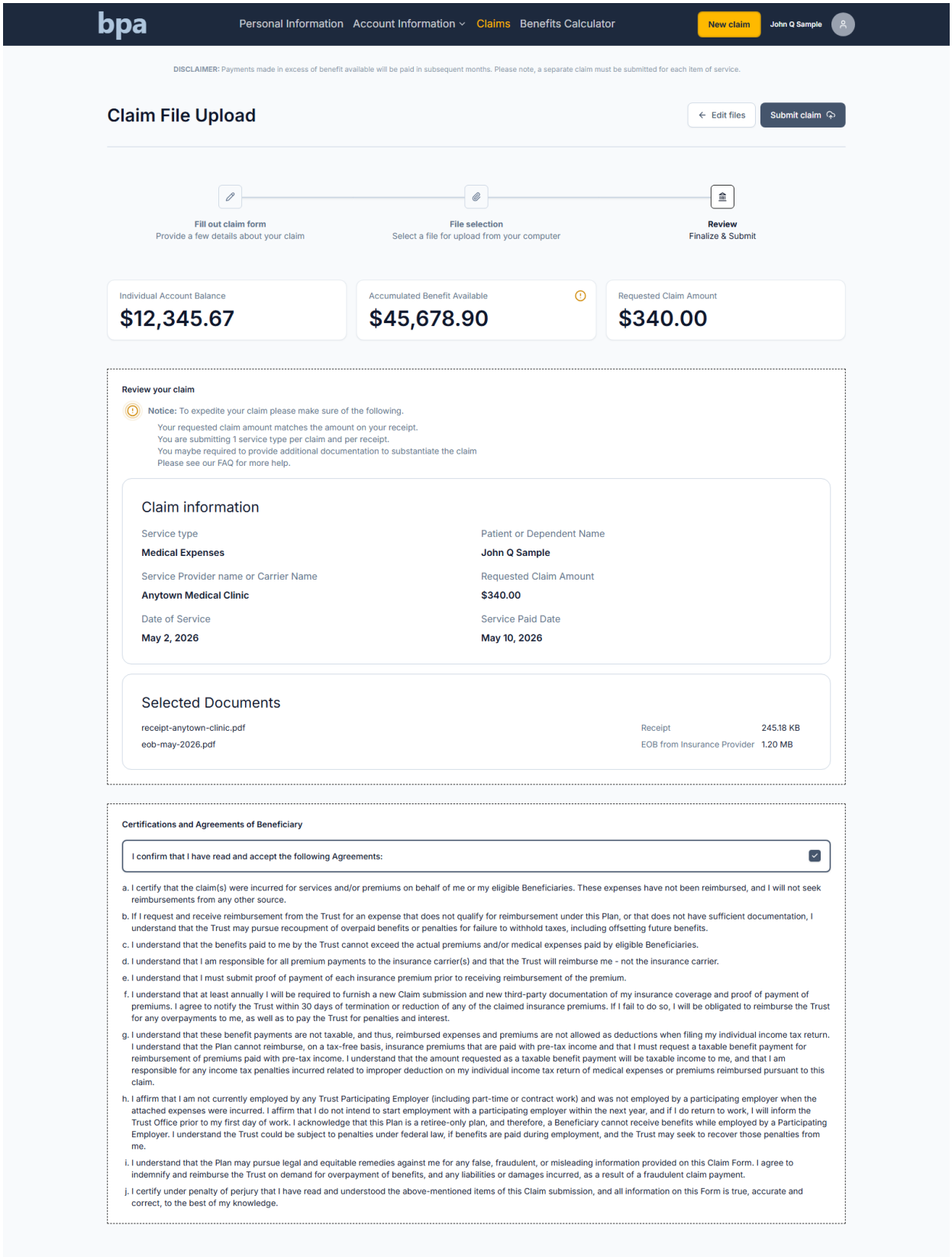
Attachment Type	When to Use It
Medicare Statement	Medicare Summary Notice used to substantiate Medicare premium or expense claims.

6. Select Browse files or drag and drop the file into the upload area (10 MB max per file; PDF, JPG, and PNG are accepted).
7. Use the drop-down next to each uploaded file to assign its attachment type — the system does not infer this automatically.
8. Upload additional files if more than one type of documentation is needed (for example, both a Receipt and an EOB for the same claim).
9. Use the red X to remove and replace a file uploaded in error.
10. Confirm the Requested Claim Amount matches the uploaded receipt, then select Verify & Submit to continue.

Note: Claims submitted without sufficient supporting documentation will be denied outright. The member must then submit a brand-new claim with the correct documentation — the original cannot be edited after denial.

4.4 Step 3: Review & Submit

The final step displays a read-only summary of the claim and documents, along with a required certification before the Submit claim button becomes available.



Review Checklist

A reminder banner asks the member to confirm, before submitting:

- The requested claim amount matches the amount on the receipt
- Only one service type is being submitted per claim, and one item of service per receipt
- Additional documentation may still be required to substantiate the claim

Claim Information & Selected Documents

Everything entered in Steps 1 and 2 is shown for a final check: service type, patient or dependent name, provider name, requested amount, date of service, service paid date, and the list of uploaded documents with file size.

Certifications and Agreements of Beneficiary

The member must check the confirmation box, which covers agreement to all of the following (a–j):

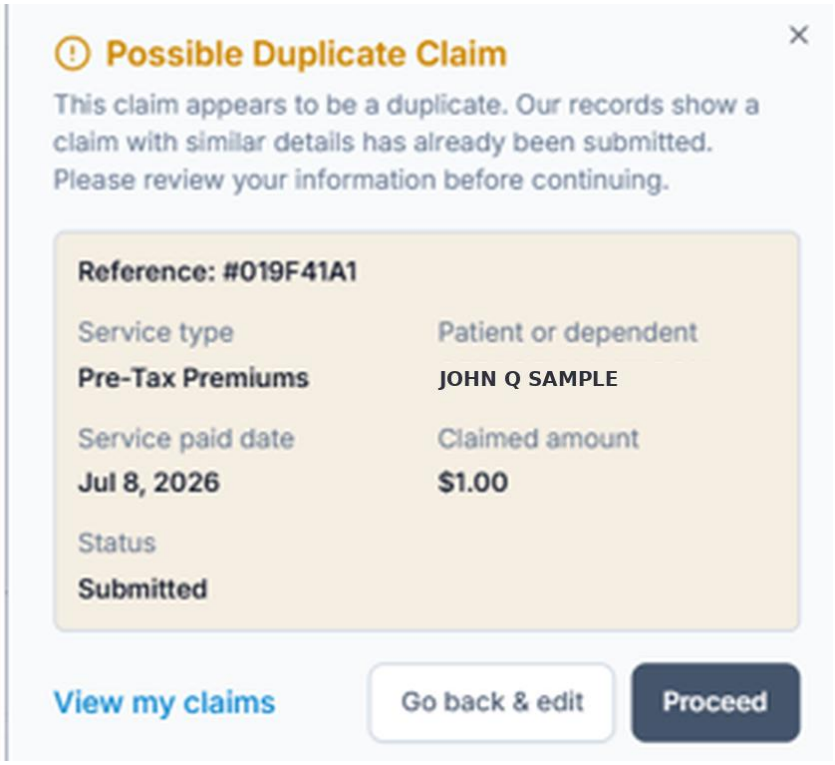
- (a) Claimed expenses were incurred for the member or an eligible beneficiary and have not been reimbursed from any other source
- (b) Amounts paid for non-qualifying or insufficiently documented expenses may be recouped by the Trust, including by offsetting future benefits
- (c) Trust reimbursement cannot exceed actual premiums or medical expenses paid by eligible beneficiaries
- (d) The member, not the insurance carrier, is responsible for all premium payments
- (e) Proof of payment of each insurance premium must be submitted prior to reimbursement of that premium
- (f) At least annually, new proof of insurance coverage and payment is required; the Trust must be notified within 30 days of any termination or reduction in coverage, or the member must repay any resulting overpayment plus penalties and interest
- (g) Reimbursed expenses and premiums are not tax-deductible, and taxable benefit payments (for premiums paid with pre-tax income) may create taxable income and personal tax liability
- (h) The member affirms they are not currently employed — or about to become employed — by a Trust Participating Employer, since this is a retiree-only plan; benefits may be subject to recovery if paid during employment
- (i) The Trust may pursue legal and equitable remedies, indemnification, and recovery of overpayment for any false, fraudulent, or misleading claim information
- (j) The member certifies under penalty of perjury that the claim submission is true, accurate, and correct to the best of their knowledge

> **Note:** These certifications carry legal and tax consequences (see items f, g, and i in particular). Staff assisting a member with a claim should not summarize away the penalty-of-perjury and repayment provisions.

Once the certification box is checked, select Submit claim to complete the submission. Use Edit files or Edit form to return to a previous step and make corrections — no data is lost when navigating backward.

4.5 Possible Duplicate Claim Warning

If the system detects an existing claim with similar details — same patient, service type, service paid date, and claimed amount — a Possible Duplicate Claim pop-up appears when the member attempts to submit. This is a warning, not an automatic denial: the member can review and choose how to proceed.



What the Pop-up Shows

Field	Description
Reference #	The identifier of the existing, already-submitted claim that matches the one being entered.
Service type	The benefit category shared by both claims (e.g., Pre-Tax Premiums).
Patient or dependent	Who the matching claim was filed for.
Service paid date	The payment date on the existing claim.
Claimed amount	The dollar amount on the existing claim.
Status	The current status of the existing claim (e.g., Submitted).

Available Actions

- View my claims — opens the claims list in a new view so the member can confirm whether the existing claim shown is the same expense
- Go back & edit — returns to the claim form to correct details if this is not actually a duplicate (e.g., a different date of service or a different dependent)
- Proceed — submits the claim anyway, for cases where the expense is legitimately separate despite matching details

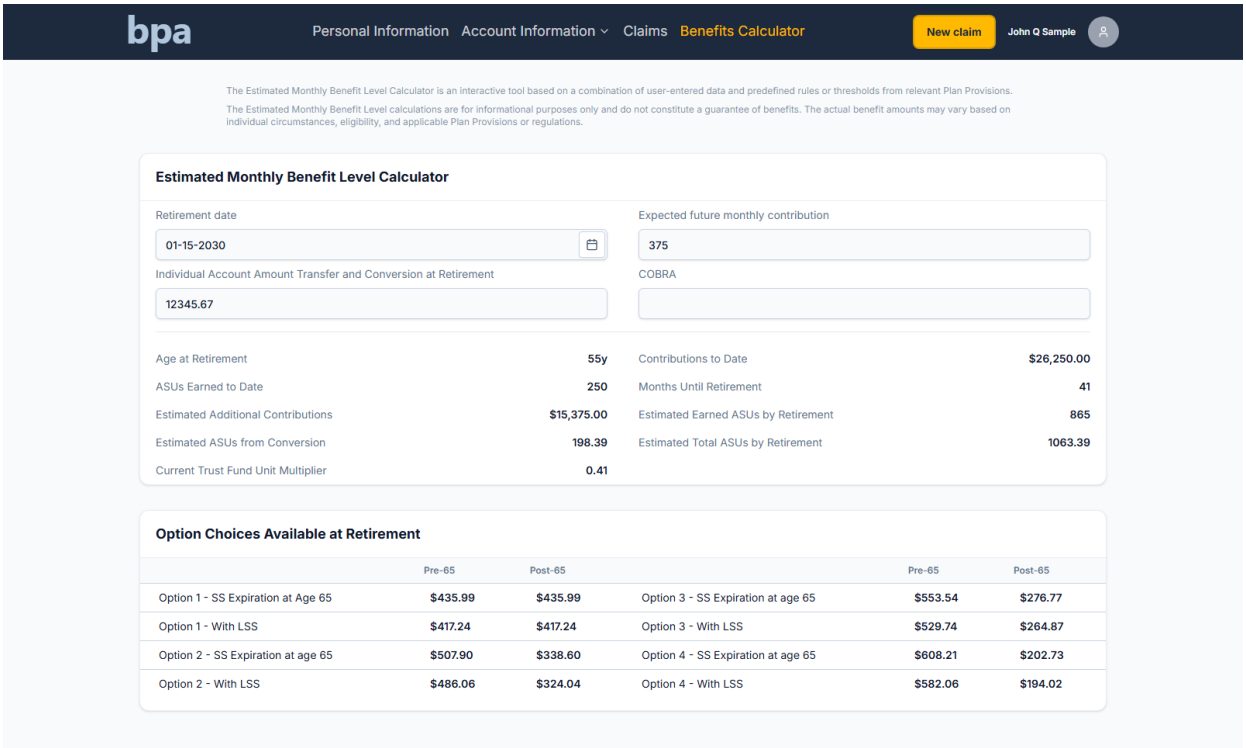
Note: Encourage members to check View my claims before selecting Proceed. Submitting a true duplicate will likely result in the second claim being denied during processing, even though the portal allows the submission to go through.

4.6 Common Reasons Claims Are Delayed or Denied

- Claimed Amount does not match the amount shown on the uploaded receipt
- Multiple service types or multiple items of service bundled into a single claim submission
- Missing or mislabeled documentation (e.g., a receipt uploaded but tagged as the wrong attachment type)
- Date of Service falls outside the member's eligible coverage period
- Requested amount exceeds both the Accumulated Benefit Available and the Individual Account Balance, with Individual Account use restricted to “No”
- A genuine duplicate claim submitted after Proceed was selected on the duplicate warning pop-up

5. Benefits Calculator

The Estimated Monthly Benefit Level Calculator projects a member's future monthly benefit based on a combination of member-entered assumptions and Plan Provision rules.



Inputs

- Retirement date
- Expected future monthly contribution — enter the sum of the most recent employee and employer contributions for a single month (found on the Pooled Account page)
- Individual Account Amount Transfer and Conversion at Retirement
- COBRA (optional) — enter the total expected COBRA remittance: monthly employee and employer contributions multiplied by the number of months of COBRA coverage (e.g., $150/month for 18 months = $2,700.00)

> **Note:** The Benefits Calculator becomes inactive once a member is receiving benefits.

Calculated Results

- Age at Retirement, ASUs Earned to Date, Estimated Additional Contributions, Estimated ASUs from Conversion, Current Trust Fund Unit Multiplier
- Contributions to Date, Months Until Retirement, Estimated Earned ASUs by Retirement, Estimated Total ASUs by Retirement

Option Choices Available at Retirement

A comparison table shows estimated Pre-65 and Post-65 monthly benefit amounts across each option (Options 1–4), with and without the Lifetime Surviving Spouse (LSS) rider.

> **Note:** Estimates are for informational purposes only and do not guarantee benefits. Actual amounts may vary based on eligibility and Plan Provisions in effect at the time of retirement.