

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.

bpa

Personal InformationAccount InformationClaimsBenefits Calculator

New claimJohn Q Sample

Your Information

Edit information

Portal Emailjohn.sample@example.com

Contact emailjohn.sample@example.com

SSNXXX-XX-1234

Member NameJohn Q Sample

Date of Birth01/15/1975

Cell phone(555) 123-4567

Home phoneN/A

Mailing address123 Main Street
Anytown WA 98000

Physical address123 Main Street
Anytown WA 98000

Dependents

Name	Relationship	Date of Birth	Effective Date
Jane Sample	Spouse	03/22/1976	01/01/2015
Alex Sample	Child	07/04/2005	01/01/2015

Trust Information

TrustSample Benefit Trust

Retirement Date-

Hire Date06/01/2000

Monthly Benefit Level\$1,250.00

Current StatusActive

Accumulated Benefit\$45,678.90

Individual Account\$12,345.67

Current Investment ChoiceBalanced

Holding Account\$0.00

ASUs Earned to Date250

Benefit SelectionN/A

Surviving Spouse Benefits End At Age 65-

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.

The screenshot displays the BPA Member Portal interface. The top navigation bar includes 'Personal Information', 'Account Information', 'Claims', and 'Benefits Calculator'. The 'Your Information' panel is active, showing a list of fields: Portal Email, Contact email, SSN, Member Name, Date of Birth, Cell phone, Home phone, Mailing address, and Physical address. A pop-up window titled 'Personal information' is open, allowing the user to review and update their details. The pop-up includes sections for Personal details (First name, Last name, Date of birth), Contact (Cell phone, Home phone, Contact email), and Mailing address (Address line 1, City, State, ZIP). A 'Confirm' button is at the bottom right of the pop-up. The background shows the 'Dependents' and 'Trust Information' sections.

Dependents	
Name	Relationship
Jane Sample	Spouse
Alex Sample	Child

Trust Information	
Field	Value
Trust	Sample Benefit Trust
Retirement Date	01/01/2015
Hire Date	01/01/2015
Monthly Benefit Level	06/01/2000
Current Status	Active
Accumulated Benefit	\$45,678.90
Individual Account	\$12,345.67

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.

bpa

Personal Information **Account Information** Claims Benefits Calculator

New claim John Q Sample

Pooled Account

Employee Contributions	Employer Contributions	Total Contributions
\$8,750.00	\$17,500.00	\$26,250.00

Investment Selection

Current Investment Choice	Balanced
Balance	\$12,345.67

Individual Account Transactions 5 Transactions

Export CSV

Date	Description	Direction	Amount	Investment
Jun 30, 2026	ACCT GAIN/LOSS	IN	+ \$87.42	Balanced
Jun 1, 2026	ADMIN FEE	OUT	- \$2.50	Balanced
May 12, 2026	CLAIM PAYMENT	OUT	- \$340.00	Balanced
Apr 30, 2026	ACCT GAIN/LOSS	IN	+ \$65.10	Balanced
Mar 15, 2026	SICK TIME TO INDIVIDUAL ACCOUNT	IN	+ \$1,200.00	Balanced

- 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.

bpa			
Personal Information		Account Information	Claims Benefits Calculator
New claim		John Q Sample	

Contributions																							
Pay Period Year	Total Employee Contributions	Total Employer Contributions	Contributions																				
2026	\$1,500.00	\$3,000.00	12																				
<table> <tr> <th>Pay Period End Date</th><th>Employee Contributions</th><th>Employer Contributions</th><th>Employer</th></tr> <tr> <td>06/30/2026</td><td>\$125.00</td><td>\$250.00</td><td>Sample Fire District</td></tr> <tr> <td>06/15/2026</td><td>\$125.00</td><td>\$250.00</td><td>Sample Fire District</td></tr> <tr> <td>05/31/2026</td><td>\$125.00</td><td>\$250.00</td><td>Sample Fire District</td></tr> <tr> <td>05/15/2026</td><td>\$125.00</td><td>\$250.00</td><td>Sample Fire District</td></tr> </table>				Pay Period End Date	Employee Contributions	Employer Contributions	Employer	06/30/2026	\$125.00	\$250.00	Sample Fire District	06/15/2026	\$125.00	\$250.00	Sample Fire District	05/31/2026	\$125.00	\$250.00	Sample Fire District	05/15/2026	\$125.00	\$250.00	Sample Fire District
Pay Period End Date	Employee Contributions	Employer Contributions	Employer																				
06/30/2026	\$125.00	\$250.00	Sample Fire District																				
06/15/2026	\$125.00	\$250.00	Sample Fire District																				
05/31/2026	\$125.00	\$250.00	Sample Fire District																				
05/15/2026	\$125.00	\$250.00	Sample Fire District																				
2025	\$3,000.00	\$6,000.00	26																				
2024	\$2,875.00	\$5,750.00	26																				

Pooled Account Transactions 8 Transactions					
					Export CSV
Date	Description	Direction	Processed	Amount	Investment
Jul 15, 2026	EMPLOYEE PAYMENT	IN	Jul 18, 2026	+ \$125.00	-
Jul 15, 2026	EMPLOYER PAYMENT TO POOL ACCT	IN	Jul 18, 2026	+ \$250.00	-
Jun 30, 2026	ACCT GAIN/LOSS	IN	Jul 1, 2026	+ \$42.18	-
Jun 15, 2026	EMPLOYEE PAYMENT	IN	Jun 18, 2026	+ \$125.00	-
Jun 15, 2026	EMPLOYER PAYMENT TO POOL ACCT	IN	Jun 18, 2026	+ \$250.00	-
May 31, 2026	PURCHASE ASU	OUT	Jun 2, 2026	- \$375.00	-
May 15, 2026	EMPLOYEE PAYMENT	IN	May 18, 2026	+ \$125.00	-
May 15, 2026	EMPLOYER PAYMENT TO POOL ACCT	IN	May 18, 2026	+ \$250.00	-

- 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.

bpa

Personal Information Account Information ▾ Claims Benefits Calculator

New claim

John Q Sample

Accumulated Benefit Transactions 6 Transactions

Export CSV

Date	Description	Direction	Processed	Amount	Cumulative Balance
Jul 1, 2026	MONTHLY BENEFIT AMOUNT	IN	Jul 1, 2026	+\$1,250.00	\$45,678.90
Jun 20, 2026	CLAIM PAYMENT	OUT	Jun 23, 2026	-\$210.45	\$44,428.90
Jun 1, 2026	MONTHLY BENEFIT AMOUNT	IN	Jun 1, 2026	+\$1,250.00	\$44,639.35
May 14, 2026	CLAIM PAYMENT	OUT	May 16, 2026	-\$185.00	\$43,389.35
May 1, 2026	MONTHLY BENEFIT AMOUNT	IN	May 1, 2026	+\$1,250.00	\$43,574.35
Apr 1, 2026	MONTHLY BENEFIT AMOUNT	IN	Apr 1, 2026	+\$1,250.00	\$42,324.35

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.

The screenshot displays the BPA Claims page. At the top, there's a navigation bar with 'bpa' logo, 'Personal Information', 'Account Information', 'Claims' (highlighted), and 'Benefits Calculator'. A 'New claim' button and a user profile icon for 'John Q Sample' are also present.

Below the navigation bar, three summary tiles are shown:

- Individual Account Balance:** \$12,345.67
- Accumulated Benefit Available:** \$45,678.90
- Carry Over Balance:** \$150.00

Below these tiles, the 'All claims' section is visible, showing '5 Claims'. It includes a search bar, a 'Filters' button, and 'Export claims' and 'Create claim' buttons.

The main table lists claims with the following columns: Patient Name, Date of Service, Service Provider, Service Type, Claimed Amount, Date Submitted, Status, Amount Paid, and Service Paid. The first claim is for John Q Sample, dated 2026-05-02, for Medical Expenses, claimed for \$340.00, submitted on 2026-05-12, and is 'Paid'.

Below the first claim, a 'Payment Details' section is expanded, showing a table with columns: #, Issue Date, Paid From Accumulated Account, and Paid From Individual Account. The first row shows issue date 2026-05-25, with \$340.00 paid from the Accumulated Account and \$0.00 from the Individual Account.

Below the payment details, more claims are listed:

- Jane Sample, 2026-04-14, Lakeside Dental, Dental Expenses, \$185.50, 2026-04-20, Paid, \$185.50, 2026-04-25
- Alex Sample, 2026-03-22, Valley Vision Center, Vision Expenses, \$410.00, 2026-03-30, Carried Over, \$260.00, 2026-04-25
- John Q Sample, 2026-06-01, Anytown Pharmacy, Prescription, \$62.30, 2026-06-03, Processing, \$0.00
- John Q Sample, 2026-02-10, Anytown Medical Clinic, Premium - Medical, \$95.00, 2026-02-15, Denied, \$0.00

- 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.

bpa Personal Information Account Information **Claims** Benefits Calculator New claim John Q Sample

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.

Claim File Upload

Select files →

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
\$12,345.67

Accumulated Benefit Available
\$45,678.90

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

Service Type *
Medical Expenses

Service Provider Name *
Anytown Medical Clinic

Patient or dependent person *
John Q Sample

Claimed Amount *
340.00

Date Of Service *
05-02-2026

Date Of Payment *
05-10-2026

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 Balance funds ☒

No - Do not issue from my Individual Account Balance ☐

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. ☒

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.

Personal Information
Account Information
Claims
Benefits Calculator

New claim
John Q Sample

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.

Claim File Upload

← Edit form
Verify & 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
\$12,345.67

Accumulated Benefit Available
\$45,678.90

Requested Claim Amount
\$340.00

Provide documentation

Upload at least one of the following documents and pick its attachment type:

- EOB from Insurance Provider
- Pension Statement showing deduction premium
- Bank Statement
- Medicare Statement
- Receipt

Selected documents

receipt-anytown-clinic.pdf

Receipt
245.18 KB

eob-may-2026.pdf

EOB from Insurance Provider
1.20 MB

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)

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.

bpa Personal Information Account Information **Claims** Benefits Calculator New claim John Q Sample

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.

Claim File Upload

← Edit files Submit claim →


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
\$12,345.67

Accumulated Benefit Available
\$45,678.90

Requested Claim Amount
\$340.00

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 maybe required to provide additional documentation to substantiate the claim
Please see our FAQ for more help.

Claim information

Service type	Patient or Dependent Name
Medical Expenses	John Q Sample
Service Provider name or Carrier Name	Requested Claim Amount
Anytown Medical Clinic	\$340.00
Date of Service	Service Paid Date
May 2, 2026	May 10, 2026

Selected Documents

receipt-anytown-clinic.pdf	Receipt	245.18 KB
eob-may-2026.pdf	EOB from Insurance Provider	1.20 MB

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.

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):

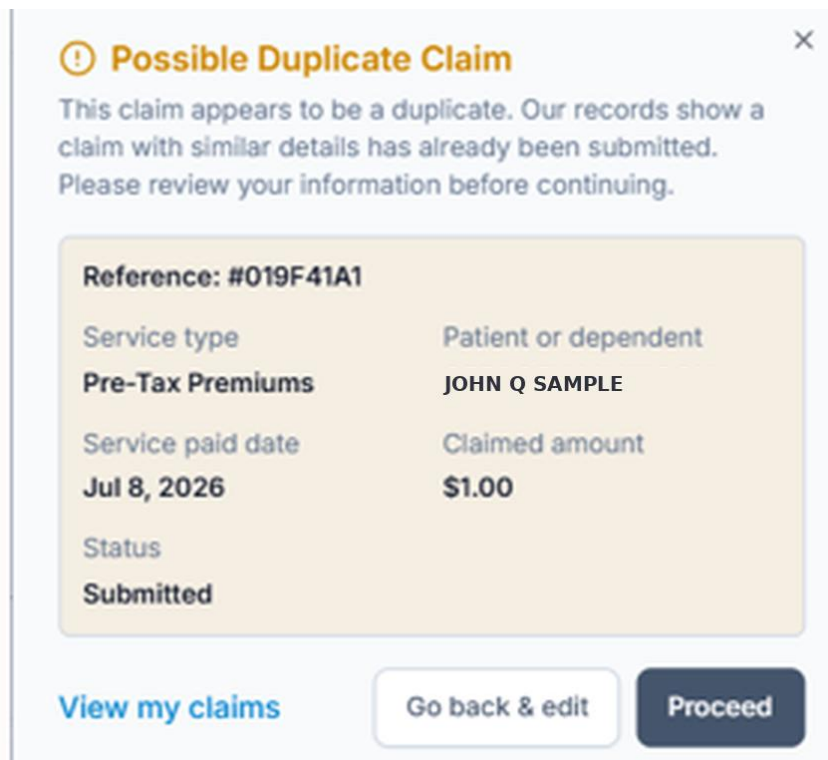
- (a) Claimed expenses were incurred for the member or an eligible beneficiary and have not been reimbursed from any other source
- (b) Amounts paid for non-qualifying or insufficiently documented expenses may be recouped by the Trust, including by offsetting future benefits
- (c) Trust reimbursement 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.



⚠ Possible Duplicate Claim ✕

This claim appears to be a duplicate. Our records show a claim with similar details has already been submitted. Please review your information before continuing.

Reference: #019F41A1												
<table> <tr> <td>Service type</td> <td>Patient or dependent</td> </tr> <tr> <td>Pre-Tax Premiums</td> <td>JOHN Q SAMPLE</td> </tr> <tr> <td>Service paid date</td> <td>Claimed amount</td> </tr> <tr> <td>Jul 8, 2026</td> <td>\$1.00</td> </tr> <tr> <td>Status</td> <td></td> </tr> <tr> <td>Submitted</td> <td></td> </tr> </table>	Service type	Patient or dependent	Pre-Tax Premiums	JOHN Q SAMPLE	Service paid date	Claimed amount	Jul 8, 2026	\$1.00	Status		Submitted	
Service type	Patient or dependent											
Pre-Tax Premiums	JOHN Q SAMPLE											
Service paid date	Claimed amount											
Jul 8, 2026	\$1.00											
Status												
Submitted												

[View my claims](#)
[Go back & edit](#)
[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.


Personal Information Account Information ▾ Claims **Benefits Calculator**
New claim
John Q Sample

The Estimated Monthly Benefit Level Calculator is an interactive tool based on a combination of user-entered data and predefined rules or thresholds from relevant Plan Provisions. The Estimated Monthly Benefit Level calculations are for informational purposes only and do not constitute a guarantee of benefits. The actual benefit amounts may vary based on individual circumstances, eligibility, and applicable Plan Provisions or regulations.

Estimated Monthly Benefit Level Calculator

Retirement date

Expected future monthly contribution

Individual Account Amount Transfer and Conversion at Retirement

COBRA

Age at Retirement	55y	Contributions to Date	\$26,250.00
ASUs Earned to Date	250	Months Until Retirement	41
Estimated Additional Contributions	\$15,375.00	Estimated Earned ASUs by Retirement	865
Estimated ASUs from Conversion	198.39	Estimated Total ASUs by Retirement	1063.39
Current Trust Fund Unit Multiplier	0.41		

Option Choices Available at Retirement

	Pre-65	Post-65		Pre-65	Post-65
Option 1 - SS Expiration at Age 65	\$435.99	\$435.99	Option 3 - SS Expiration at age 65	\$553.54	\$276.77
Option 1 - With LSS	\$417.24	\$417.24	Option 3 - With LSS	\$529.74	\$264.87
Option 2 - SS Expiration at age 65	\$507.90	\$338.60	Option 4 - SS Expiration at age 65	\$608.21	\$202.73
Option 2 - With LSS	\$486.06	\$324.04	Option 4 - With LSS	\$582.06	\$194.02

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.