



P.O. Box 1179 - Fort Mill, SC 29716

RMBA Welcome Packet

Phone: 800.558.5553 FAX: 866.241.1488

Email: FlexPro@keybenefit.com

Howard Jackson

1827 Golfview Dr

Indianapolis, IN 46234



RMBA – Retirement Medical Benefits Account

Retiree Welcome Packet

Congratulations on your retirement!

Key Benefit Administrators, Inc. (KBA) is privileged to be the administrator for your Retirement Medical Benefits Account – **RMBA**, that has been assigned to you upon your retirement. This benefit allows you the opportunity to be reimbursed for qualified paid healthcare insurance premiums. Both the plan effective date and the benefit dollar amount assigned are determined by INPRS.

Your account has been created with the following deposits:

Plan Effective Date:	20220801 YYYYMMDD
Years of Service Contributions:	\$35,000.00
Annual Contributions:	\$13,700.00
Earnings/Loss:	\$ 1,294.61
Total:	\$49,994.61

In this Packet you will find:

- Plan Guidelines and Services
- Frequently Asked Questions
- Forms:
 - Contact Information Form
 - Direct Deposit Authorization Form
 - Anthem Premium - Automatic Payment Authorization
 - Claim Form
 - Transfer Form
 - Appeals Form

We appreciate the opportunity to be your administrator for this benefit plan and always welcome your questions and feedback.

KBA Customer Care Team



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Plan Guidelines and Services

Welcome!

As you start to take advantage of your retirement benefits, please take the time to complete and return the Retiree Contact Information Form. To provide the best possible administration of your RMBA, it is important that we are kept up to date with your personal contact information. If there are any updates such as: name change, address change, email or banking information, please notify KBA as quickly as possible with an updated Contact Information form. This form is only needed at the start of your RMBA plan and when any demographic or dependent changes occur. There is no need to send it in monthly.

Please read through this important information about how your account works and then submit all relevant forms as a PDF, JPG or Word Doc to:

FlexPro@KeyBenefit.com or **Toll-free FAX: 866-241-1488**.

Should you have questions, please do not hesitate to email us or contact a Customer Service Representative at **1-800-558-5553** (8:00 a.m. – 5:00 p.m. EST).

Claims:

- RMBA is available ONLY to reimburse eligible Retirees and dependents for their qualified paid healthcare insurance premiums. Copays, deductibles, and prescriptions are not eligible for reimbursement and will be denied if submitted.
- The Retirement Medical Benefits Account will only authorize KBA to issue reimbursements to you for any current or prior monthly premiums, incurred during the plan year. KBA requires Retirees to send in a Claim Form along with any required documentation for each premium month. Claims for paid premiums should not be sent in ahead of the qualifying reimbursement month.
- **Claims must be submitted for approval within 90 days of the plan year end.** The plan year is July 1st to June 30th. The month the premium is paid determines the plan year that the claim falls under. **For example**, a June 2021 premium paid in June 2021 falls in plan year July 1, 2020 to June 30, 2021, so the claim must be filed by September 28, 2021. A June 2021 premium paid in July 2021 falls in plan year July 1, 2021 to June 28, 2022, so the claim must be filed by September 30, 2022. Claims filed after the September 30 deadline will be denied. (Please refer to the Plan Document and IAC Rules)
- **Skip the paper and file your claims online!** For your convenience, claims can be securely submitted on the KBA website or the Mobile App. Your KBA Personal Account Portal and Mobile App give you 24-hour access to all account information and web features. See the *KBA Personal Account Portal* and *KBA Mobile App* sections below for more details.
- All claims submitted by mail, email, or fax, must be accompanied by a signed Claim Form (see claim form on page 12 & 13 of this document). Any documents sent without a completed and signed form will be returned to the sender, causing a delay in processing.
- Setting up Direct Deposit for your premium reimbursements will greatly decrease the time it takes for your money to arrive to you. Fill out the Direct Deposit Authorization form on page 8 & 9. Be sure to update us right away with any banking changes. A fee of \$30 may be assessed for any rejected bank deposits caused by outdated or incorrect banking information.



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- If you disagree with the determination of your denied claim, you may object under the provisions of the Indiana Administrative Adjudication Act, IC 4-21.5 et seq. An Objection to this determination must be made within fifteen (15) days of receipt of the notice denying your claim. If no written objection to this initial determination denying your claim is made within fifteen (15) days of receipt, the initial determination becomes the final order of the INPRS Board without further notice or hearing. Please email INPRSquestions@inprs.in.gov for questions as to the administrative review process. You may appeal by filling out the INPRS Appeals Form at the end of this packet and sending it to the Indiana Public Retirement System (INPRS), Attn: Administrative Review, One North Capital, Suite #001, Indianapolis, IN 46204, or by emailing it to AdministrativeReviews@INPRS.in.gov.

KBA Personal Account Portal:

Managing your RMBA benefits is simple with your personal portal. After creating your online account, you will easily be able to:

- Upload a claim for reimbursement
- View your account balances
- View your pending claims
- Download forms, including a claim form
- Add and update your banking information
- Update your personal information: email, physical addresses, telephone numbers
- Add your mobile number to start receiving alerts via text message
- Customize the communications you receive
- And much more...

Create your Account - Navigate to our site:

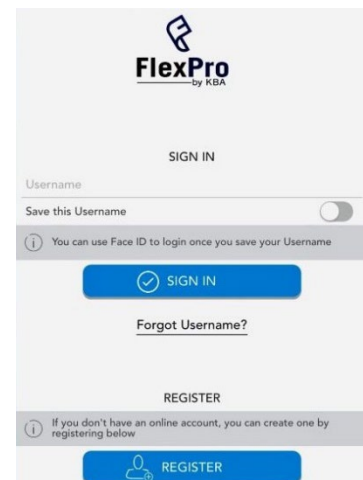
<https://keybenefit.wealthcareportal.com/Page/Home>

You will be asked to create your own personal user account following a few simple steps:

- Create a Username
- Choose a secure password
- Enter your name and email address
- Enter your Employee ID
(This will be an **H** and your Social Security Number – Example: H123456789)
- Enter Registration ID: **KBA009800**
- Complete setup for secure login

KBA Mobile App:

Download the app from the App Store or Play Store by searching "KBA, FlexPro Mobile." Retiree accounts must be registered with <https://keybenefit.wealthcareportal.com> in order to use this application on mobile devices. Once installed, you can log in with the information used when creating your account. Check your balance, add dependents, request new cards, update your address and more from your phone or tablet. See the Upload feature for a quick way to submit documentation for unresolved transactions and to submit new claims.





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Email Alerts:

When you provide us with your email address you will receive important information about your Retirement Medical Benefits Account. For example, you will receive email notifications when a new address is entered, when claims have been submitted or when a direct deposit reimbursement is on the way. You can customize these communications through your KBA Personal Account Portal or Mobile App.

Virtual Client Representative & Web Chat:

Use the KBA customer service number to call anytime, day or night **800-558-5553**. Follow the steps when prompted. Select from the list of current available options. During regular business hours you can speak to a representative.

No time for a phone call? No problem! Just open your KBA personal account portal (<https://keybenefit.wealthcareportal.com>) and look for the *FlexPro Chat* link at the top of the page. Click to begin chatting with a KBA representative during normal business hours.

KBA business hours are M-F 8am - 5pm EST.

Direct Deposit:

Don't wait for your check to be delivered in the mail! Retirees can either submit the Direct Deposit Authorization form (attached) to KBA or set up their direct deposit through their Personal Account Portal. There is a 3 to 7 business day processing time for Direct Deposit forms. To bypass processing times, enter your Direct Deposit into your Online Portal. Any claims submitted after your Direct Deposit Authorization form has been added to your online account, will be automatically sent to the bank account you provided. You will receive an email confirmation when a reimbursement is generated signaling that the funds will be deposited within 3 to 4 business days. A fee of \$30 may be assessed for any rejected bank deposits caused by outdated or incorrect banking information.

Please Submit All Forms to:

Make changes to your RMBA online!
Go to <https://keybenefit.wealthcareportal.com/Page/Home>

Toll-Free FAX: 866.241.1488

KBA, FlexPro Mobile

FlexPro@KeyBenefit.com

Mail: P.O. Box 1179
Fort Mill, SC 29716

The following section contains all required forms
for the **980 Retiree Medical Benefits Account**.
A form must accompany all document submissions.

Please fill out all forms and return them to:

FlexPro@KeyBenefit.com

or

Toll-Free FAX: 866-241-1488



Forms:

Contact Information Form

Direct Deposit Authorization

Anthem Premium - Automatic Payment Authorization

Claim Form

Transfer Form

Appeals Form



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Contact Information Form

It is important to submit this form with any contact or dependent changes.

ALL Provided Employee Fields Marked * are REQUIRED

Social Security Number*			980
H			
Retiree Last Name*	Retiree First Name*	MI:	Date of Birth*
Jackson	Howard		
Home Address*	City*	State*	Zip Code*
Email Address	Main Phone	Secondary Phone	
	()	()	

List All Eligible Dependents Associated with Retiree

Last Name	First Name	Social Security Number	Date of Birth
		- - - - -	/ /
		- - - - -	/ /

Please Submit All Forms to:

Update your contact information online! Go to <https://keybenefit.wealthcareportal.com/Page/Home>

Toll-Free FAX: 866.241.1488	KBA, FlexPro Mobile	FlexPro@KeyBenefit.com	Mail: P.O. Box 1179 Fort Mill, SC 29716
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Important

- An eligible or covered dependent is described as: A surviving spouse legally married to the retired participant at the date of the retired participant's death OR an unmarried person who is a dependent child of the retired participant as defined under the state's health plans.
- If there are remaining funds at the time of the retiree's date of death, funds can continue to be used for eligible claims of covered dependents.
- If dependents are no longer classified as 'Covered Dependents' at the date of death, the RMBA will be returned to the retirement fund for use for other eligible Retiree's and their dependents.
- Premiums are covered for the Retiree through the month of their date of death.

I have read and understood the important information regarding my benefits account both pages of this form. Please refer to the Plan Document and IAC Rules for more detailed information. Form Updated 11/25/2021

Retiree Signature* _____ **Date*** _____



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Important:

- **Did you know you can make this change online?**

Create and login to your Personal Account Portal, it's fast and convenient! You can add dependents, submit and track claims, update your contact information, add banking information, view and update your reimbursement method, and customize your communications.

To get started, go to: <https://keybenefit.wealthcareportal.com/Page/Home>

- **Make changes and upload claims right from your smartphone!**

Download the app from the App Store or Play Store by searching "KBA, FlexPro Mobile." Retiree accounts must be registered in order to use this application on mobile devices. Once installed, you can log in with the information used when creating your account. Check your balance, add dependents, request new cards, update your contact information, add banking information and more from your phone or tablet. Use the Upload feature for a quick way to submit documentation for unresolved transactions and to submit new claims.

- **We are "Going Green" and need your e-mail address!** It's secure and efficient! KBA is set up to send Retiree communications via email. Communications may include relevant notifications regarding claims status and account changes. Not only does email cut down on paper usage, it's also much quicker than regular mail, which means your reimbursements get to you faster! Customize your communications on your portal.
- If you choose to fill out the paper form and submit it, please print as clearly as possible so your information will be accurate in our system. Please submit all document to **email: FlexPro@KeyBenefit.com or Toll-Free Fax: 866-241-1488**
- When filling out and submitting paper forms, a signature is required. We must have a signature on file for any account changes to ensure authorization and to signify disclaimers have been read and understood.
- If there are remaining funds in the RMBA account at the time of the Retiree's date of death, a transfer form can be provided to the qualifying spouse/dependent. This form enables an eligible spouse or dependent to access the remaining funds in the RMBA account, to be used for qualifying premium expenses. The Transfer form is included on page 14 in the Retiree Welcome Packet. You may also contact Key Benefit Administrators at **FlexPro@KeyBenefit.com or 800-558-5553** to obtain a copy of the Transfer form. Additional documentation may be required in the transfer process.



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Direct Deposit Authorization Form

ALL Provided Fields Marked * are REQUIRED			
Social Security Number* H			980
Retiree Last Name* Jackson	Retiree First Name* Howard	MI:	Date of Birth*
Home Address*	City*	State*	Zip Code*
Email Address	Main Phone ()	Secondary Phone ()	

Two Ways to Sign Up:

Choice #1:

1. Log on to:
<https://keybenefit.wealthcareportal.com/Page/Home> or the **KBA, FlexPro Mobile App**.
(See page 3 in your Welcome Packet for details)
2. Select your Username and then under Profile select Edit Profile
3. Enter your bank information

Choice #2: Complete, sign and return this form to:

FlexPro@KeyBenefit.com or **Toll-Free Fax: 866-241-1488**.

Please allow 5 business days for processing. **You can also direct your deposit to a Savings Account. Please supply the savings account number and your bank routing number for this option. Submitting a form without a voided check will cause delays in processing. A letter from your bank that includes routing number, account type and number is also acceptable in place of a voided check.

Type of Account*	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings**
Financial Institution Name*		
Account Number*		
Transit Routing Number*		
Voided Check - Required		

I have read and understood the important information regarding my benefits account on page 2 of this document. I, the above listed retiree or authorized representative, hereby authorize and request Key Benefit Administrators to initiate credit entries to the account indicated below for the purpose of direct deposit of qualified reimbursements from the Plan. A fee of \$30 may be assessed for any rejected bank deposits caused by outdated or incorrect banking information. Please send in an additional copy of the Direct Deposit form with any bank changes. Form Updated 11/3/2021

Retiree Signature* _____ **Date*** _____



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Important:

- **Did you know you can make this change online?**

Create and login to your Personal Account Portal, it's fast and convenient! You can add dependents, submit and track claims, update your contact information, add banking information, view and update your reimbursement method, and customize your communications.

To get started, go to: <https://keybenefit.wealthcareportal.com/Page/Home>

- **Make changes and upload claims right from your smartphone!**

Download the app from the App Store or Play Store by searching "KBA, FlexPro Mobile." Retiree accounts must be registered in order to use this application on mobile devices. Once installed, you can log in with the information used when creating your account. Check your balance, add dependents, request new cards, update your contact information, add banking information and more from your phone or tablet. Use the Upload feature for a quick way to submit documentation for unresolved transactions and to submit new claims.

- **We are "Going Green" and need your e-mail address!** It's secure and efficient! KBA is set up to send Retiree communications via email. Communications may include relevant notifications regarding claims status and account changes. Not only does email cut down on paper usage, it's also much quicker than regular mail, which means your reimbursements get to you faster! Customize your communications on your portal.

- If you choose to fill out the paper form and submit it, please print as clearly as possible so your information will be accurate in our system. Please submit all document to

email: FlexPro@KeyBenefit.com or Toll-Free Fax: 866-241-1488

- When filling out and submitting paper forms, a signature is required. We must have a signature on file for any account changes to ensure authorization and to signify disclaimers have been read and understood.

- **You DO NOT need to resubmit direct deposit information monthly!**

The direct deposit form should only be submitted to set up and make changes.

- Direct Deposit authorization will remain in effect until written notice is received by Key Benefit Administrators indicating termination or change.

- A fee of \$30 may be assessed for any rejected bank deposits caused by outdated or incorrect banking information.

- If copies of voided checks and withdrawal slips are not available, please obtain the correct ACH transit routing number and bank account number from the bank you want reimbursements deposited. A letter from your bank that includes routing number, account type and number is also acceptable in place of a voided check.

Please Submit All Forms to:

Submit and update your Direct Deposit online! Go to <https://keybenefit.wealthcareportal.com/Page/Home>

Toll-Free FAX: 866.241.1488

KBA, FlexPro Mobile

FlexPro@KeyBenefit.com

Mail: P.O. Box 1179
Fort Mill, SC 29716



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Anthem COBRA Premium Automatic Payment Authorization

ALL Provided Employee Fields Marked * are REQUIRED			
Social Security Number*			980
H			
Retiree Last Name*	Retiree First Name*	MI:	Date of Birth*
Home Address*	City*	State*	Zip Code*
Email Address	Main Phone*	Secondary Phone	
	()	()	

Key Benefit Administrators, Inc. (KBA) is pleased to announce an exciting opportunity for you to sign up to be reimbursed automatically for your monthly Anthem COBRA premiums. If you are paying Anthem COBRA: health, dental, or vision premiums and have a balance remaining in your Retirement Medical Benefits Account, then you can participate until your balance is exhausted. Please see page 2 of this document for more information. ***This program is only for Anthem COBRA premiums. All other eligible requests for reimbursement should be submitted with a claim form to Flexpro@keybenefit.com.

Please circle your preferred option:

YES	<p>Please automatically reimburse my PAID Anthem COBRA Premiums. Anthem will submit a paid premium file to KBA monthly for all COBRA premiums paid for the prior month. No need to submit a claim with KBA.</p> <p>Effective Date: ____/____/____</p>
NO	<p>Please DO NOT automatically reimburse my PAID Anthem COBRA Premiums. Claims may be submitted directly to KBA. By choosing this option, you are voluntarily <u>declining</u> automatic reimbursement for paid COBRA premiums received through the Anthem file transfer. You will need to submit claims manually.</p>

I have read and understood that this Authorization Form allows KBA to directly reimburse me the amount of my monthly paid Anthem COBRA: health, dental and/or vision premium(s) as verified through a file transfer from Anthem. By allowing KBA to do so, I agree to the terms of this agreement and do not need to file a direct claim with KBA to be reimbursed for said premiums. Form updated 3/8/2022.

Retiree Signature* _____ **Date*** _____



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Our goal as the Administrator of your RMBA is to process your claims quickly and efficiently. By signing the enclosed authorization form, it allows us to verify your monthly paid COBRA premium with Anthem. We are confident that this new automated process will help you save time in having to submit a claim and substantiation.

Please complete the **Anthem COBRA Premium - Automatic Payment Authorization Form (p. 1)**. This form is specifically for retirees participating in the Retirement Medical Benefit Account - RMBA. Review carefully, complete and return to KBA indicating your choice to participate or to decline this opportunity. Should you have any questions about the program, your retirement account or reimbursements, please do not hesitate to call KBA toll free: **1-800-558-5553** or e-mail **FlexPro@keybenefit.com**.

How the process works:

- Each month you will pay HRPro for your Anthem COBRA Premiums from your personal bank account or credit card.
- Paid Premiums are received from HRPro are processed without need for a claim submission by you.
- **For any questions about the premium remittance to HRPro for your Anthem premiums, please call 248-543-2644, option 3.**

Please Submit All Forms to:

Make changes to your RMBA online! Go to <https://keybenefit.wealthcareportal.com/Page/Home>

Toll-Free FAX: 866.241.1488	KBA, FlexPro Mobile	FlexPro@KeyBenefit.com	Mail: P.O. Box 1179 Fort Mill, SC 29716
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Claim Form

ALL Provided Fields Marked * are REQUIRED

Social Security Number* H		This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405. Disclosure is mandatory and this form cannot be processed without it.		980
Retiree Last Name* Jackson		Retiree First Name* Howard		MI:
Home Address*		City*	State*	Zip Code*
Email Address		Main Phone* ()		Secondary Phone ()

This signed form MUST accompany the corresponding receipts. If necessary, please add additional page(s).

Name Retiree or Dependent	Month Covered	Name Premium Provider	Coverage Notes	Amount of Premium
Total Reimbursement Requested				

Important Verification Guidelines

Claims must be submitted for approval within 90 days of the plan year end. The plan year is July 1st to June 30th. The month the premium is paid determines the plan year that the claim falls under. For example, a June 2021 premium paid in June 2021 falls in plan year July 1, 2020 to June 30, 2021, so the claim must be filed by September 28, 2021. A June 2021 premium paid in July 2021 falls in plan year July 1, 2021 to June 30, 2022, so the claim must be filed by September 28, 2022. Claims filed after the September 30 deadline will be denied. (Please refer to the Plan Document and IAC Rules)

Insurance Premium Expenses

Insurance Premium receipts or statements must: Be from an independent third party, Include the Name of the Retiree, Spouse or Covered Dependent, Name of the Provider, Type of Insurance, Include the month(s) covered, the Amount of the Insurance Premium and Proof of payment. If necessary, please attach additional pages.

Medicare Reimbursements

You must have a current year Medicare letter on file.

Past & Current Coverage Periods

Send a copy of your canceled check and statement showing dates covered along with this signed claim form. Reimbursements will be processed according to the standard schedule. Please retain a copy of all receipts for your own records. Canceled checks are only acceptable as proof of payment not as receipts. ***Only **Past** and the **Current** month premiums are eligible for reimbursement. ***Handwritten verification is not eligible unless signed by the service provider.

To the best of my knowledge and belief, my statement in this Request for Reimbursement is complete and true. I am claiming reimbursement only for Qualified Expenses incurred by me, my spouse, or my Covered Dependent(s) during the applicable plan year. I certify that these expenses have not been reimbursed by any other source, are not pre-taxed under a Section 125 Flexible Benefits plan, nor will any reimbursement be sought from any other source. I authorize my Retirement Medical Benefits Account Plan be reduced by the amount requested. Form Updated 11/3/2021.

Retiree Signature* _____ **Date*** _____



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Approved Verification for Premium Claims

When submitting a premium claim for your retirement medical reimbursement, KBA will need the following documentation each month, unless otherwise noted. **Claims must be submitted for approval no later than 90 days after the end of the Plan Year in which the expense was incurred. The plan year begins July 1st and ends June 30th.** For example, claims received July 1, 2020 and after can be processed and reimbursed until September 28, 2021. Claims incurred before July 1, 2020 and received after September 28, 2021 are denied as past the deadline. (Please refer to the Plan Document and IAC Rules)

- 1) Claim form signed by retiree** - All claims submitted by mail, email, or fax, must be accompanied by a signed Claim Form. Any documents sent without a completed and signed form will be returned to the sender, causing a delay in processing.
 - a. If on Medicare Benefits**
 - i.** The annual letter from Social Security outlining the payments being taken from your monthly stipend.
 - b. If 65 or older & have a Supplemental Policy**
 - i.** A copy of the summary page indicating the cost and type of coverage.
 - ii.** A copy of the policy statement which indicates the monthly, quarterly, or annual amount paid, plus eligible proof of payment (see eligible Proof-of-Payment below). This is only needed with the first submission. There is no need to submit it again unless there is a rate change.
 - c. If working for another employer or are covered under another employer's plan**
 - i.** Annually, an employer can provide a statement indicating the group insurance plan is fully insured and premiums are not paid with pre-tax dollars.
 - ii.** Each month send a copy of paycheck stub for the month claimed for reimbursement, eligible for post-tax premiums only. This benefit is not taxable by the IRS, therefore, premiums taken on a "pre-tax" basis cannot be reimbursed - most employers will pre-tax premiums; if you're still working with another employer, those premiums may not be eligible.
 - d. If retired before eligible for Medicare benefits, and have a medical insurance policy**
 - i.** A copy of the policy summary page indicating the cost and type of coverage. This is only needed once unless there is a rate change.

2) Eligible Proof-of-Payment

- a.** Cancelled Check, Bank Statement, Credit Card Statement and Receipt for Cash Rendered for Payment, Statement from Insurance Carrier showing proof of payment, etc. ***Handwritten verification is not eligible unless signed by the service provider.**

Please Submit All Forms to:

Submit and track claims online! Go to <https://keybenefit.wealthcareportal.com/Page/Home>

Toll-Free FAX: 866.241.1488

KBA, FlexPro Mobile

FlexPro@KeyBenefit.com

Mail: P.O. Box 1179
Fort Mill, SC 29716



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Account Transfer Form

☐ **Retiree is Deceased**

☐ **There is an eligible dependent, details are filled out below.**

An eligible or covered dependent is described as: A surviving spouse legally married to the retired participant at the date of the retired participant's death OR an unmarried person who is a dependent child of the retired participant as defined under the state's health plans.

☐ **There is no eligible surviving spouse or dependent as described above.**

Please complete the following information and return this form, Death Certificate and Marriage License to KBA at **FlexPro@KeyBenefit.com**, **Toll-Free FAX: 866-241-1488**, or **P.O. Box 1179 Fort Mill, SC 29716**. If you are mailing, please only send copies of your documents, your paperwork submissions will not be returned.

Upon completion of the below information and the review of any relevant documentation, the account will be transferred to the surviving spouse or dependent. The account will be in the name and SSN of the survivor of the benefit. *Form Updated 12/12/2021.*

ALL Provided Fields Marked * are REQUIRED

Deceased Retiree Social Security Number*

H

980

Deceased Retiree Last Name*

Deceased Retiree First Name*

MI:

Date of Birth*

Eligible Dependent

Dependent's Last Name*

Dependent's First Name*

Social Security Number*

Relationship to Deceased*

Are you remarried?*

Date of Birth*

☐ Yes ☐ No ☐ n/a

Home Address*

City*

State*

Zip Code*

Email Address

Phone Number*

Secondary Number

()

()

Your Name

Your contact information
(phone number or email address)



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STEP 1: MEMBER PETITION FOR ADMINISTRATIVE REVIEW OF STAFF ACTION OR DETERMINATION

TO: Indiana Public Retirement System (INPRS)
Attn: Administrative Review
One North Capitol, Suite #001
Indianapolis, IN 46204
AdministrativeReviews@INPRS.in.gov

FROM: _____

Member Name, if different than submitter: _____

Pension Identification Number: _____

Telephone Number: _____

Email address: _____

RE: Request for Administrative Review of INPRS Staff Action or Determination

You must explain the basis of your dissatisfaction with the INPRS staff action or determination and include sufficient facts on which you base your request for administrative Review. This statement should include your desired outcome. Attach additional sheets if necessary and copies of any supporting documentation that you have.

Signature

Date



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STEP 2: PETITION FOR REVIEW BY ADMINISTRATIVE LAW JUDGE INSTRUCTIONS

If you are dissatisfied with the initial determination issued in response to your request for administrative review and wish to challenge that action or determination, you may bring the matter before an administrative law judge (ALJ).

To initiate this process, you must file a petition for ALJ review with the INPRS Executive Director within fifteen (15) days after receipt of INPRS' initial determination.

1. To file a petition for review, sign and send the form on the next page to the INPRS Executive Director as provided on the next page.
2. This petition for review must be received by INPRS or postmarked not more than fifteen (15) days after receipt of INPRS' initial determination as evidenced by US Certified Mail receipt or email. Otherwise, you have waived your right to further review.
3. Once the petition is timely received, the ALJ will set the schedule for the administrative process. You will be notified of conference and hearing dates and locations.



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STEP 2: PETITION FOR REVIEW BY ADMINISTRATIVE LAW JUDGE CONTINUED

TO: Indiana Public Retirement System (INPRS)
Attn: Administrative Review
One North Capitol, Suite #001
Indianapolis, IN 46204
AdministrativeReviews@INPRS.in.gov

FROM: _____

Member Name, if different than submitter: _____
Pension Identification Number: _____
Telephone Number: _____
Email address: _____

I am in receipt of INPRS' initial determination of my request for administrative review. It has not been more than fifteen (15) days since receipt of the initial determination. I am dissatisfied with the findings of INPRS' initial determination, and I hereby request that the matter referenced in the initial determination be brought before an administrative law judge for review. The reason I am dissatisfied with the initial determination, the supporting circumstances, and my desired outcome are explained below.

Signature

Date