



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

RMBA Welcome Packet

Phone: 800.558.5553 FAX: 866.241.1488

Email: FlexPro@keybenefit.com

Kathy Mayo

3748 Payton Ave

Indianapolis, IN 46226



State of Indiana

Retiree Welcome Packet

RMBA – Retirement Medical Benefit Account

Congratulations on your retirement from the State of Indiana!

Key Benefit Administrators, Inc. (KBA) is privileged to be the administrator for your Retirement Medical Benefit Account – **RMBA**, that has been assigned to you by the State of Indiana 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 the State of Indiana.

Your account has been created with the following deposits:

Plan Effective Date:	20210301 (YYYYMMDD)
Years of Service Contributions:	\$.00
Annual Contributions:	\$16,800.00
Earning/Loss:	\$ 1,480.68
Total:	\$18,280.68

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

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

KBA FlexPro Team



980 State of Indiana - Retiree

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 State of Indiana Retirement Medical Benefit 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 **no later than 90 days after the end of the Plan Year**. The plan year begins July 1st and ends June 30th. For example, claims received July 1, 2020 and after are able to be processed and reimbursed until September 30, 2021. Claims incurred before July 1, 2020 and received after 9/30/2021 are denied as past the filing limit. (Please refer to Article IV Section 4.1 of the State Plan Document)
- All claims submitted by mail, email, or fax, must be accompanied by a signed Claim Form (see claim form on page 13 & 14 of this document). Any documents sent without a completed and signed form will be returned to the sender, causing a delay in processing.
- **Skip the paper and file your claims online!** For your convenience, claims can be securely submitted on the KBA website or through the FlexPro Mobile App. Your FlexPro Portal and Mobile App give you 24-hour access to all account information and web features. See the *FlexPro Website* and Mobile App sections below for more details.
- 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 9 & 10. 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.



980 State of Indiana - Retiree

FlexPro Website:

Managing your RMBA benefits is simple with your FlexPro web 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>

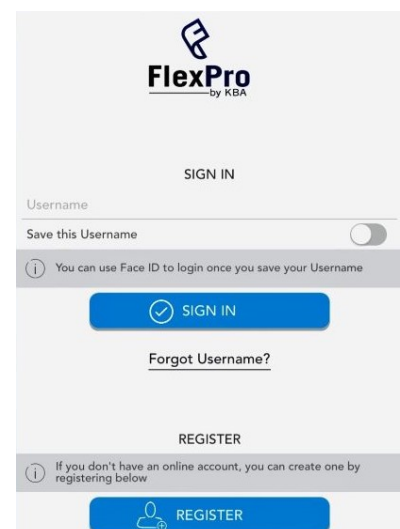
You will be asked to create your own personal user account following a few simple steps:

- 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

Please note: If you have previously set up your online account access for your FSA account with KBA FlexPro while employed with the State of Indiana, your FSA account will be deactivated. Your online retirement account will need to be set up separately.

FlexPro Mobile:

Download the app from the App Store or Play Store by searching "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.





980 State of Indiana - Retiree

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 FlexPro Portal or Mobile App.

Virtual Client Representative & Web Chat:

Use the FlexPro 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 opt out to speak to a FlexPro representative.

No time for a phone call? No problem! Just open the FlexPro website (<https://keybenefit.wealthcareportal.com>) and look for the *FlexPro Chat* link on the left side. Click to begin chatting with a FlexPro representative during normal business hours.

KBA FlexPro 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 FlexPro or set up their direct deposit through their personal FlexPro web portal. Any claims submitted after your Direct Deposit Authorization form has been processed 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

FlexPro Mobile

FlexPro@KeyBenefit.com

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



980 State of Indiana - Retiree

Frequently Asked Questions

This packet is only a brief overview of benefits which may be eligible under your plan. Please refer to the State's website for additional information: <https://www.in.gov/inprs/3154.htm>

What is RMBA - Retirement Medical Benefits Account Plan?

It is a State-funded Retirement Medical Benefit Account which reimburses qualified retirees for certain health insurance premiums up to a maximum limit.

What expenses are eligible for reimbursement under the Plan?

Qualifying expenses include: Premiums under an insurance policy for group or individual coverage of the qualified retiree and/or his or her covered dependents including medical, dental, vision, tax-qualified, long term care (subject to the limitation in Code Section 2013(d) (10) and Medicare supplement policies' premiums, the State's Medicare complementary policy and coverage of the qualified retiree and/or his or her covered dependents under Medicare Parts B, C and D.

Important Exceptions – the following expenses will not be treated as qualified expenses under the Plan:

- Expenses paid, reimbursed or reimbursable by any insurance, accident, health, or worker's compensation plan
- Expenses paid, reimbursed, or reimbursable under a Code Section 125 Flexible Benefits Plan, such as doctor/Rx co-pays, or deductible
- Expenses incurred while the individual is neither a qualified retiree nor a covered dependent
- The individual is not legally obligated to pay

Who is considered a covered dependent?

The term "covered dependent" means an individual to whom the qualified retiree is legally married (excluding a "common-law" spouse) or who qualifies as a dependent child of the qualified retiree at the time the expense is incurred, the spouse and dependent children of a deceased qualified retiree.

Can I pay ahead of my premiums and be reimbursed?

The State only allows reimbursements to occur on the month currently present, or prior months. No future dates can be reimbursed until the month occurs. A signed claim form must accompany each request for reimbursement.

What happens when the account balance is reduced to zero?

Participation will cease once all available funds are depleted.

How and when may I receive reimbursement for qualified expenses?

To receive reimbursement for qualified expenses, please send all the following to KBA:

- A copy of the proper documentation for the qualified expense. Documentation includes a bill or receipt showing the type of insurance, the name of the provider, the name of the qualified retiree and/or the spouse or covered dependent, the month(s) covered, the amount of the premium, and proof of payment. This only needs to be submitted one time or with a change.
- A signed claim form for each qualified claim submitted. The claim form can be found at the end of the packet.
- Check/vouchers will be mailed or emailed directly to the qualified retiree's home. It is important you notify KBA immediately if your home or email address has changed.
- Emails and scanned images sent to FlexPro@keybenefit.com are received more quickly than regular mail. You will receive an automated notice that your email has been received.

Does a covered dependent continue to receive reimbursement after a qualified retiree's death?

Yes, if a covered dependent incurs qualifying expenses after the death of a qualified retiree, those expenses will continue to be eligible for reimbursement until the balance in the reimbursement account is zero or the individual ceases to qualify as a covered dependent by remarriage or no longer meets the definition of a dependent. We ask that a death certificate and a copy of your marriage license be sent to establish the account in the dependents name and show surviving spouse eligibility.

Can RMBA be used to reimburse me for the cost of insurance premiums for coverage provided on the ACA exchange (the "Marketplace")?

Yes, however, no retiree who enrolls in coverage provided through the Marketplace is eligible for the premium tax credit under Section 36B of the Internal Revenue Service Code with respect to that coverage. This is because the coverage provided under the retiree health reimbursement plan is "Minimum essential coverage" provided by an employer or former employer which will need to be disclosed when you apply for coverage through the Marketplace.

The following section contains all required forms
for the **980 Retiree Medical Benefit 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



980 State of Indiana - Retiree

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*	
Mayo	Kathy			
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	FlexPro Mobile	FlexPro@KeyBenefit.com	Mail: P.O. Box 1179 Fort Mill, SC 29716
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Important

- An eligible or covered dependent includes only a person to whom you are legally married or a person who qualifies as a dependent child of the Retired Participant under the State's health plans at the time the qualifying expense is incurred.
- If there are remaining funds at the time of the retiree's passing, funds can continue to be used for eligible claims of covered dependents.
- If dependents are no longer classified as 'Covered Dependents' at the time of passing, the RMBA will be returned to the state fund for use for other eligible Retiree's and their dependents.
- Premiums are covered for the Retiree through the month of their passing.

I have read and understood the important information regarding my benefit account both pages of this document. Please refer to sections 2.5-7, 3.7 and 3.8 in your Plan Document for more detailed information. A Plan Document can be found on the INPRS website and your FlexPro online portal. Form Updated 6/8/2021

Retiree Signature* _____ **Date*** _____



980 State of Indiana - Retiree

Important:

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

Create and login to your 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 "FlexPro Mobile." Retiree accounts must be registered (see Wealthcare Portal section above) 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 at the time of a Retiree's passing, a *Transfer Form* can be provided to the Retiree's spouse. The Marriage License and Death Certificate will need to be provided with a completed *Transfer Form*.



980 State of Indiana - Retiree

Direct Deposit Authorization Form

ALL Provided Fields Marked * are REQUIRED			
Social Security Number* H			980
Retiree Last Name* Mayo	Retiree First Name* Kathy	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 open the **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 benefit 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 6/8/2021

Retiree Signature* _____ Date* _____



980 State of Indiana - Retiree

Important:

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

Create and login to your 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 "FlexPro Mobile." Retiree accounts must be registered (see Wealthcare Portal section above) 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

FlexPro Mobile

FlexPro@KeyBenefit.com

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



980 State of Indiana - Retiree

Anthem Premium - Automatic Payment Authorization

ALL Provided Employee Fields Marked * are REQUIRED			
Social Security Number* H			980
Retiree Last Name* Mayo	Retiree First Name* Kathy	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 insurance premiums. If you are paying Anthem health, dental, or vision premiums and have a balance remaining in your State of Indiana Retirement Medical Benefit Account, then you can participate until your balance is exhausted. Please see page 2 of this document for more information.

Please circle your preferred option:

YES	<p>Please automatically reimburse my PAID Anthem Premiums. Anthem will submit a paid premium file to KBA monthly for all 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 Premiums. Claims may be submitted directly to KBA. By choosing this option, you are voluntarily <u>declining</u> automatic reimbursement for paid 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 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 6/8/2021.

Retiree Signature* _____ **Date*** _____



980 State of Indiana - Retiree

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 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 Premium - Automatic Payment Authorization Form (p. 1)**. This form is specifically for retirees participating in the Retirement Medical Benefit Account - RMBA for the State of Indiana. 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 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

FlexPro Mobile

FlexPro@KeyBenefit.com

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



980 State of Indiana - Retiree

Medical Benefits Account Claim Form

ALL Provided Fields Marked * are REQUIRED			
Social Security Number* H			980
Retiree Last Name* Mayo	Retiree First Name* Kathy	MI:	Date of Birth*
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 Substantiation Guidelines

Claims must be submitted for approval no later than 90 days after the end of the Plan Year. 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 30, 2021. Claims incurred before July 1, 2020 and received after 9/30/2021 are denied as past the filing limit. (Please refer to Article IV Section 4.1 of the State Plan Document)

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.

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 6/8/2021.

Retiree Signature* _____ **Date*** _____



980 State of Indiana - Retiree

Approved Substantiation 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. 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 30, 2021. Claims incurred before July 1, 2020 and received after 9/30/2021 are denied as past the filing limit. (Please refer to Article IV Section 4.1 of the State Plan Document)

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.

Please Submit All Forms to:

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

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Email: FlexPro@keybenefit.com

Michael Hienline

102 Cherokee Ln

Noblesville, IN 46062



State of Indiana

Retiree Welcome Packet

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Annual Contributions:	\$12,600.00
Earning/Loss:	\$ 952.30
Total:	\$13,552.30

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- Frequently Asked Questions
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 - Direct Deposit Authorization Form
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 - Claim Form

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

KBA FlexPro Team



980 State of Indiana - Retiree

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- All claims submitted by mail, email, or fax, must be accompanied by a signed Claim Form (see claim form on page 13 & 14 of this document). Any documents sent without a completed and signed form will be returned to the sender, causing a delay in processing.
- **Skip the paper and file your claims online!** For your convenience, claims can be securely submitted on the KBA website or through the FlexPro Mobile App. Your FlexPro Portal and Mobile App give you 24-hour access to all account information and web features. See the *FlexPro Website* and Mobile App sections below for more details.
- 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 9 & 10. 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.



980 State of Indiana - Retiree

FlexPro Website:

Managing your RMBA benefits is simple with your FlexPro web 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>

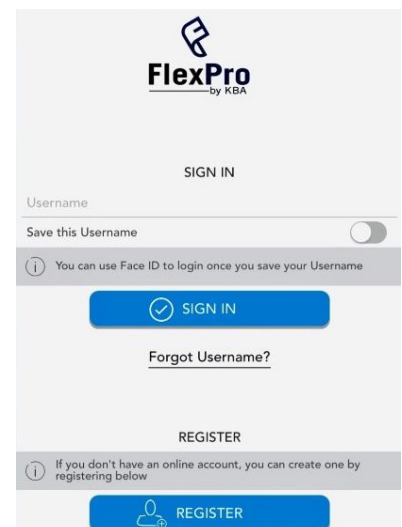
You will be asked to create your own personal user account following a few simple steps:

- 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

Please note: If you have previously set up your online account access for your FSA account with KBA FlexPro while employed with the State of Indiana, your FSA account will be deactivated. Your online retirement account will need to be set up separately.

FlexPro Mobile:

Download the app from the App Store or Play Store by searching "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.





980 State of Indiana - Retiree

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 FlexPro Portal or Mobile App.

Virtual Client Representative & Web Chat:

Use the FlexPro 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 opt out to speak to a FlexPro representative.

No time for a phone call? No problem! Just open the FlexPro website (<https://keybenefit.wealthcareportal.com>) and look for the *FlexPro Chat* link on the left side. Click to begin chatting with a FlexPro representative during normal business hours.

KBA FlexPro 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 FlexPro or set up their direct deposit through their personal FlexPro web portal. Any claims submitted after your Direct Deposit Authorization form has been processed 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

FlexPro Mobile

FlexPro@KeyBenefit.com

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



980 State of Indiana - Retiree

Frequently Asked Questions

This packet is only a brief overview of benefits which may be eligible under your plan. Please refer to the State's website for additional information: <https://www.in.gov/inprs/3154.htm>

What is RMBA - Retirement Medical Benefits Account Plan?

It is a State-funded Retirement Medical Benefit Account which reimburses qualified retirees for certain health insurance premiums up to a maximum limit.

What expenses are eligible for reimbursement under the Plan?

Qualifying expenses include: Premiums under an insurance policy for group or individual coverage of the qualified retiree and/or his or her covered dependents including medical, dental, vision, tax-qualified, long term care (subject to the limitation in Code Section 2013(d) (10) and Medicare supplement policies' premiums, the State's Medicare complementary policy and coverage of the qualified retiree and/or his or her covered dependents under Medicare Parts B, C and D.

Important Exceptions – the following expenses will not be treated as qualified expenses under the Plan:

- Expenses paid, reimbursed or reimbursable by any insurance, accident, health, or worker's compensation plan
- Expenses paid, reimbursed, or reimbursable under a Code Section 125 Flexible Benefits Plan, such as doctor/Rx co-pays, or deductible
- Expenses incurred while the individual is neither a qualified retiree nor a covered dependent
- The individual is not legally obligated to pay

Who is considered a covered dependent?

The term "covered dependent" means an individual to whom the qualified retiree is legally married (excluding a "common-law" spouse) or who qualifies as a dependent child of the qualified retiree at the time the expense is incurred, the spouse and dependent children of a deceased qualified retiree.

Can I pay ahead of my premiums and be reimbursed?

The State only allows reimbursements to occur on the month currently present, or prior months. No future dates can be reimbursed until the month occurs. A signed claim form must accompany each request for reimbursement.

What happens when the account balance is reduced to zero?

Participation will cease once all available funds are depleted.

How and when may I receive reimbursement for qualified expenses?

To receive reimbursement for qualified expenses, please send all the following to KBA:

- A copy of the proper documentation for the qualified expense. Documentation includes a bill or receipt showing the type of insurance, the name of the provider, the name of the qualified retiree and/or the spouse or covered dependent, the month(s) covered, the amount of the premium, and proof of payment. This only needs to be submitted one time or with a change.
- A signed claim form for each qualified claim submitted. The claim form can be found at the end of the packet.
- Check/vouchers will be mailed or emailed directly to the qualified retiree's home. It is important you notify KBA immediately if your home or email address has changed.
- Emails and scanned images sent to FlexPro@keybenefit.com are received more quickly than regular mail. You will receive an automated notice that your email has been received.

Does a covered dependent continue to receive reimbursement after a qualified retiree's death?

Yes, if a covered dependent incurs qualifying expenses after the death of a qualified retiree, those expenses will continue to be eligible for reimbursement until the balance in the reimbursement account is zero or the individual ceases to qualify as a covered dependent by remarriage or no longer meets the definition of a dependent. We ask that a death certificate and a copy of your marriage license be sent to establish the account in the dependents name and show surviving spouse eligibility.

Can RMBA be used to reimburse me for the cost of insurance premiums for coverage provided on the ACA exchange (the "Marketplace")?

Yes, however, no retiree who enrolls in coverage provided through the Marketplace is eligible for the premium tax credit under Section 36B of the Internal Revenue Service Code with respect to that coverage. This is because the coverage provided under the retiree health reimbursement plan is "Minimum essential coverage" provided by an employer or former employer which will need to be disclosed when you apply for coverage through the Marketplace.

The following section contains all required forms
for the **980 Retiree Medical Benefit 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



980 State of Indiana - Retiree

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*	
Hienline	Michael			
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	FlexPro Mobile	FlexPro@KeyBenefit.com	Mail: P.O. Box 1179 Fort Mill, SC 29716
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Important

- An eligible or covered dependent includes only a person to whom you are legally married or a person who qualifies as a dependent child of the Retired Participant under the State's health plans at the time the qualifying expense is incurred.
- If there are remaining funds at the time of the retiree's passing, funds can continue to be used for eligible claims of covered dependents.
- If dependents are no longer classified as 'Covered Dependents' at the time of passing, the RMBA will be returned to the state fund for use for other eligible Retiree's and their dependents.
- Premiums are covered for the Retiree through the month of their passing.

I have read and understood the important information regarding my benefit account both pages of this document. Please refer to sections 2.5-7, 3.7 and 3.8 in your Plan Document for more detailed information. A Plan Document can be found on the INPRS website and your FlexPro online portal. Form Updated 6/8/2021

Retiree Signature* _____ **Date*** _____



980 State of Indiana - Retiree

Important:

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

Create and login to your 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 "FlexPro Mobile." Retiree accounts must be registered (see Wealthcare Portal section above) 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 at the time of a Retiree's passing, a *Transfer Form* can be provided to the Retiree's spouse. The Marriage License and Death Certificate will need to be provided with a completed *Transfer Form*.



980 State of Indiana - Retiree

Direct Deposit Authorization Form

ALL Provided Fields Marked * are REQUIRED			
Social Security Number* H			980
Retiree Last Name* Hienline	Retiree First Name* Michael	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 open the **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 benefit 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 6/8/2021

Retiree Signature* _____ Date* _____



980 State of Indiana - Retiree

Important:

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

Create and login to your 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 "FlexPro Mobile." Retiree accounts must be registered (see Wealthcare Portal section above) 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

FlexPro Mobile

FlexPro@KeyBenefit.com

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



980 State of Indiana - Retiree

Anthem Premium - Automatic Payment Authorization

ALL Provided Employee Fields Marked * are REQUIRED			
Social Security Number* H			980
Retiree Last Name* Hienline	Retiree First Name* Michael	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 insurance premiums. If you are paying Anthem health, dental, or vision premiums and have a balance remaining in your State of Indiana Retirement Medical Benefit Account, then you can participate until your balance is exhausted. Please see page 2 of this document for more information.

Please circle your preferred option:

YES	<p>Please automatically reimburse my PAID Anthem Premiums. Anthem will submit a paid premium file to KBA monthly for all 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 Premiums. Claims may be submitted directly to KBA. By choosing this option, you are voluntarily <u>declining</u> automatic reimbursement for paid 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 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 6/8/2021.

Retiree Signature* _____ **Date*** _____



980 State of Indiana - Retiree

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 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 Premium - Automatic Payment Authorization Form (p. 1)**. This form is specifically for retirees participating in the Retirement Medical Benefit Account - RMBA for the State of Indiana. 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 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

FlexPro Mobile

FlexPro@KeyBenefit.com

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



980 State of Indiana - Retiree

Medical Benefits Account Claim Form

ALL Provided Fields Marked * are REQUIRED			
Social Security Number* H			980
Retiree Last Name* Hienline	Retiree First Name* Michael	MI:	Date of Birth*
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 Substantiation Guidelines

Claims must be submitted for approval no later than 90 days after the end of the Plan Year. 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 30, 2021. Claims incurred before July 1, 2020 and received after 9/30/2021 are denied as past the filing limit. (Please refer to Article IV Section 4.1 of the State Plan Document)

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.

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 6/8/2021.

Retiree Signature* _____ **Date*** _____



980 State of Indiana - Retiree

Approved Substantiation 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. 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 30, 2021. Claims incurred before July 1, 2020 and received after 9/30/2021 are denied as past the filing limit. (Please refer to Article IV Section 4.1 of the State Plan Document)

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.

Please Submit All Forms to:

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

Toll-Free FAX: 866.241.1488

FlexPro Mobile

FlexPro@KeyBenefit.com

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



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

RMBA Welcome Packet

Phone: 800.558.5553 FAX: 866.241.1488

Email: FlexPro@keybenefit.com

Donna Grotz

5113 Fall Creek Road

Indianapolis, IN 46220



State of Indiana

Retiree Welcome Packet

RMBA – Retirement Medical Benefit Account

Congratulations on your retirement from the State of Indiana!

Key Benefit Administrators, Inc. (KBA) is privileged to be the administrator for your Retirement Medical Benefit Account – **RMBA**, that has been assigned to you by the State of Indiana 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 the State of Indiana.

Your account has been created with the following deposits:

Plan Effective Date:	20210701 (YYYYMMDD)
Years of Service Contributions:	\$.00
Annual Contributions:	\$16,800.00
Earning/Loss:	\$ 1,343.42
Total:	\$18,143.42

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

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

KBA FlexPro Team



980 State of Indiana - Retiree

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 State of Indiana Retirement Medical Benefit 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 **no later than 90 days after the end of the Plan Year**. The plan year begins July 1st and ends June 30th. For example, claims received July 1, 2020 and after are able to be processed and reimbursed until September 30, 2021. Claims incurred before July 1, 2020 and received after 9/30/2021 are denied as past the filing limit. (Please refer to Article IV Section 4.1 of the State Plan Document)
- All claims submitted by mail, email, or fax, must be accompanied by a signed Claim Form (see claim form on page 13 & 14 of this document). Any documents sent without a completed and signed form will be returned to the sender, causing a delay in processing.
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- 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 9 & 10. 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.



980 State of Indiana - Retiree

FlexPro Website:

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- 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>

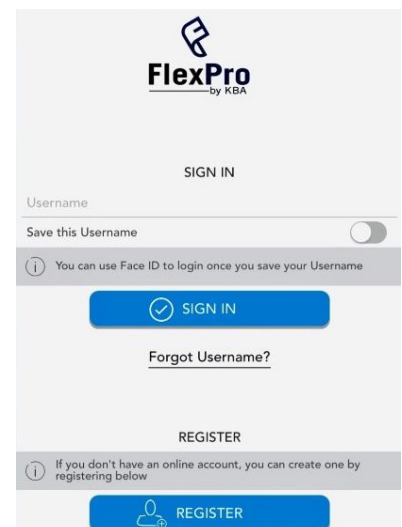
You will be asked to create your own personal user account following a few simple steps:

- 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

Please note: If you have previously set up your online account access for your FSA account with KBA FlexPro while employed with the State of Indiana, your FSA account will be deactivated. Your online retirement account will need to be set up separately.

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Download the app from the App Store or Play Store by searching "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.





980 State of Indiana - Retiree

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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 FlexPro Portal or Mobile App.

Virtual Client Representative & Web Chat:

Use the FlexPro 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 opt out to speak to a FlexPro representative.

No time for a phone call? No problem! Just open the FlexPro website (<https://keybenefit.wealthcareportal.com>) and look for the *FlexPro Chat* link on the left side. Click to begin chatting with a FlexPro representative during normal business hours.

KBA FlexPro 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 FlexPro or set up their direct deposit through their personal FlexPro web portal. Any claims submitted after your Direct Deposit Authorization form has been processed 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

FlexPro Mobile

FlexPro@KeyBenefit.com

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



980 State of Indiana - Retiree

Frequently Asked Questions

This packet is only a brief overview of benefits which may be eligible under your plan. Please refer to the State's website for additional information: <https://www.in.gov/inprs/3154.htm>

What is RMBA - Retirement Medical Benefits Account Plan?

It is a State-funded Retirement Medical Benefit Account which reimburses qualified retirees for certain health insurance premiums up to a maximum limit.

What expenses are eligible for reimbursement under the Plan?

Qualifying expenses include: Premiums under an insurance policy for group or individual coverage of the qualified retiree and/or his or her covered dependents including medical, dental, vision, tax-qualified, long term care (subject to the limitation in Code Section 2013(d) (10) and Medicare supplement policies' premiums, the State's Medicare complementary policy and coverage of the qualified retiree and/or his or her covered dependents under Medicare Parts B, C and D.

Important Exceptions – the following expenses will not be treated as qualified expenses under the Plan:

- Expenses paid, reimbursed or reimbursable by any insurance, accident, health, or worker's compensation plan
- Expenses paid, reimbursed, or reimbursable under a Code Section 125 Flexible Benefits Plan, such as doctor/Rx co-pays, or deductible
- Expenses incurred while the individual is neither a qualified retiree nor a covered dependent
- The individual is not legally obligated to pay

Who is considered a covered dependent?

The term "covered dependent" means an individual to whom the qualified retiree is legally married (excluding a "common-law" spouse) or who qualifies as a dependent child of the qualified retiree at the time the expense is incurred, the spouse and dependent children of a deceased qualified retiree.

Can I pay ahead of my premiums and be reimbursed?

The State only allows reimbursements to occur on the month currently present, or prior months. No future dates can be reimbursed until the month occurs. A signed claim form must accompany each request for reimbursement.

What happens when the account balance is reduced to zero?

Participation will cease once all available funds are depleted.

How and when may I receive reimbursement for qualified expenses?

To receive reimbursement for qualified expenses, please send all the following to KBA:

- A copy of the proper documentation for the qualified expense. Documentation includes a bill or receipt showing the type of insurance, the name of the provider, the name of the qualified retiree and/or the spouse or covered dependent, the month(s) covered, the amount of the premium, and proof of payment. This only needs to be submitted one time or with a change.
- A signed claim form for each qualified claim submitted. The claim form can be found at the end of the packet.
- Check/vouchers will be mailed or emailed directly to the qualified retiree's home. It is important you notify KBA immediately if your home or email address has changed.
- Emails and scanned images sent to FlexPro@keybenefit.com are received more quickly than regular mail. You will receive an automated notice that your email has been received.

Does a covered dependent continue to receive reimbursement after a qualified retiree's death?

Yes, if a covered dependent incurs qualifying expenses after the death of a qualified retiree, those expenses will continue to be eligible for reimbursement until the balance in the reimbursement account is zero or the individual ceases to qualify as a covered dependent by remarriage or no longer meets the definition of a dependent. We ask that a death certificate and a copy of your marriage license be sent to establish the account in the dependents name and show surviving spouse eligibility.

Can RMBA be used to reimburse me for the cost of insurance premiums for coverage provided on the ACA exchange (the "Marketplace")?

Yes, however, no retiree who enrolls in coverage provided through the Marketplace is eligible for the premium tax credit under Section 36B of the Internal Revenue Service Code with respect to that coverage. This is because the coverage provided under the retiree health reimbursement plan is "Minimum essential coverage" provided by an employer or former employer which will need to be disclosed when you apply for coverage through the Marketplace.

The following section contains all required forms
for the **980 Retiree Medical Benefit 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



980 State of Indiana - Retiree

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*	
Grotz	Donna			
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	FlexPro Mobile	FlexPro@KeyBenefit.com	Mail: P.O. Box 1179 Fort Mill, SC 29716
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Important

- An eligible or covered dependent includes only a person to whom you are legally married or a person who qualifies as a dependent child of the Retired Participant under the State's health plans at the time the qualifying expense is incurred.
- If there are remaining funds at the time of the retiree's passing, funds can continue to be used for eligible claims of covered dependents.
- If dependents are no longer classified as 'Covered Dependents' at the time of passing, the RMBA will be returned to the state fund for use for other eligible Retiree's and their dependents.
- Premiums are covered for the Retiree through the month of their passing.

I have read and understood the important information regarding my benefit account both pages of this document. Please refer to sections 2.5-7, 3.7 and 3.8 in your Plan Document for more detailed information. A Plan Document can be found on the INPRS website and your FlexPro online portal. Form Updated 6/8/2021

Retiree Signature* _____ **Date*** _____



980 State of Indiana - Retiree

Important:

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

Create and login to your 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 "FlexPro Mobile." Retiree accounts must be registered (see Wealthcare Portal section above) 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 at the time of a Retiree's passing, a *Transfer Form* can be provided to the Retiree's spouse. The Marriage License and Death Certificate will need to be provided with a completed *Transfer Form*.



980 State of Indiana - Retiree

Direct Deposit Authorization Form

ALL Provided Fields Marked * are REQUIRED			
Social Security Number* H			980
Retiree Last Name* Grotz	Retiree First Name* Donna	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 open the **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 benefit 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 6/8/2021

Retiree Signature* _____ Date* _____



980 State of Indiana - Retiree

Important:

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

Create and login to your 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 "FlexPro Mobile." Retiree accounts must be registered (see Wealthcare Portal section above) 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

FlexPro Mobile

FlexPro@KeyBenefit.com

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



980 State of Indiana - Retiree

Anthem 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*
Grotz	Donna		
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 insurance premiums. If you are paying Anthem health, dental, or vision premiums and have a balance remaining in your State of Indiana Retirement Medical Benefit Account, then you can participate until your balance is exhausted. Please see page 2 of this document for more information.

Please circle your preferred option:

YES	<p>Please automatically reimburse my PAID Anthem Premiums. Anthem will submit a paid premium file to KBA monthly for all 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 Premiums. Claims may be submitted directly to KBA. By choosing this option, you are voluntarily <u>declining</u> automatic reimbursement for paid 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 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 6/8/2021.

Retiree Signature* _____ **Date*** _____



980 State of Indiana - Retiree

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 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 Premium - Automatic Payment Authorization Form (p. 1)**. This form is specifically for retirees participating in the Retirement Medical Benefit Account - RMBA for the State of Indiana. 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 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

FlexPro Mobile

FlexPro@KeyBenefit.com

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



980 State of Indiana - Retiree

Medical Benefits Account Claim Form

ALL Provided Fields Marked * are REQUIRED			
Social Security Number* H			980
Retiree Last Name* Grotz	Retiree First Name* Donna	MI:	Date of Birth*
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 Substantiation Guidelines

Claims must be submitted for approval no later than 90 days after the end of the Plan Year. 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 30, 2021. Claims incurred before July 1, 2020 and received after 9/30/2021 are denied as past the filing limit. (Please refer to Article IV Section 4.1 of the State Plan Document)

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.

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 6/8/2021.

Retiree Signature* _____ **Date*** _____



980 State of Indiana - Retiree

Approved Substantiation 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. 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 30, 2021. Claims incurred before July 1, 2020 and received after 9/30/2021 are denied as past the filing limit. (Please refer to Article IV Section 4.1 of the State Plan Document)

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.

Please Submit All Forms to:

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

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