ICMA-RC

VANTAGECARE RETIREMENT HEALTH SAVINGS PLAN

REQUEST FOR AUTOMATED REIMBURSEMENT OF MEDICAL EXPENSES/INSURANCE PREMIUMS

Complete this form and mail to: VantageCare RHS Plan, c/o Meritain Health, Inc., P.O. Box 30136, Lansing, MI 48909-7611

Employer Name: City of Highland Park

State: Illinois **Employer Plan Number:** 803219

The employer hereby requests automated reimbursement of medical expenses for the participants listed on the attached sheet(s). Payment is to be made to the address listed, for the purpose listed, and at the frequency requested. Any changes to this request, including a request for cessation of automated reimbursement, must be received in writing by Meritain Health at least 10 business days prior to the effective date of the change. Otherwise, the change will take effect on the next scheduled reimbursement.

Number of Sheets attached: 1 ☑ **New Request** ☐ **Revision**

Reimbursement made payable to: City of Highland Park

Reimburse mailed to: 1707 St Johns Avenue

Highland Park, IL 60035

Employer Contact Name: Nick Barnes

Employer Contact Title: Human Resources Manager

Employer Contact Phone Number: (847) 926-1013

Meritain Health will make the reimbursements requested, at the frequency requested, to the payee named above. Automated reimbursement will continue until Meritain Health is notified in writing of a change to the request, until notified in writing that automated reimbursement should cease, or until the participant's account balance is fully depleted. Employer acknowledges that it is solely responsible for the accuracy of the information supplied to Meritain Health, and that neither Meritain Health nor ICMA-RC has any responsibility to verify any information so provided.

Employer Signature: _____

Printed Name: Nick Barnes

Title: Human Resources Manager **Date:** _____

MERITAIN HEALTH USE ONLY

Received by Meritain Health: _____

Processed by: _____ **Date Processed:** _____

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Plan Number: 8-03219

Date Submitted: _____ **Sheet** 1 **of** 1

* To provide enhanced privacy and security, participants' Social Security numbers no longer appear on the retiree health program benefit eligibility and reimbursement forms. If you do not know the ICMA-RC Reference Code, it is available through EZLink (www.icmarc.org/login) on the Participant tab and View Personal Information menu option on the left. Search for the desired participant and click on the participant name to obtain the Reference Code, which is labeled Account Number.

PARTICIPANT NAME	ACCOUNT #/ REFERENCE CODE*	TYPE OF EXPENSE	BEGINNING DATE	FREQUENCY	AMOUNT
Sample	ABCD9EFG	Medical Insurance Premium	11/15/2000	Monthly	$300.00
		Medical Insurance Premium		Monthly	
		Dental Insurance Premium		Monthly	