



# Reimbursement Request Form

## Retirement Health Care Assistance Plan (RHCAP)

Submit requests online at [viabenefitsaccounts.com](https://viabenefitsaccounts.com) or on our app for processing up to **10 days faster**.

### Step 1. Prepare your request

Complete the fields below and collect **required supporting document(s)**. (See back for details.)

Full Name	Dow I.D./SSN
Address	

### Step 2. Add your expenses

#### Enter premium expenses

(See back for details on reimbursement payments.)

Coverage Period (e.g., 01/01/2024 - 12/31/2024)	Premium Type (e.g., Medical, Medicare Part B)	Carrier (e.g., Humana)	Policyholder Name (e.g., John Doe)	Monthly Amount (e.g., \$100.00)

### Step 3. Submit this form and supporting documentation:

- By Mail: Via Benefits  
PO Box 25172  
Lehigh Valley, PA 18002-5172  
(Note: Mailed documents won't be returned.)
- Online: Submit requests online at [viabenefitsaccounts.com](https://viabenefitsaccounts.com) or on our mobile app for processing up to **10 days faster**.
- By Fax: 1-813-387-0744

#### Certification

By submitting this request, I certify the information provided is correct and complete, and that I have or will provide all supporting documents needed. I also confirm the expenses and individuals listed on this form are eligible per my plan on the date(s) of service specified. I understand Via Benefits can request documents to confirm my request is eligible, and that I must return promptly all plan reimbursements that aren't eligible.

The expenses listed here are NOT pre-tax premiums paid by myself or by another person, including my spouse, and they will not be reimbursed or paid from another source. If my coverage is changed or canceled, I'll inform Via Benefits within 30 days. Failure to comply with these terms may cause denial of reimbursement, withdrawal of eligibility, and/or collection action to recover amounts owed.

## What supporting documentation should I use?

Examples of accepted supporting documentation include premium statements, a Benefit Award Letter for Medicare Part B, a Notice of Medicare Premium Payment Due, Explanation(s) of Benefits, and itemized receipts.

### When submitting supporting documentation for premium expenses:

Provide a supporting document that shows this information:

- Premium coverage period (e.g., 01/01/2024 - 12/31/2024)
- Premium type (e.g., Medical, Medicare)
- Carrier (e.g., Humana, N/A for Medicare Part B)
- Individual serviced (e.g., John Doe)
- Monthly amount (e.g., \$200.00)

### Make your reimbursements easier:



#### Receive reimbursements faster!

Get reimbursed faster by submitting your expenses online at [viabenefitsaccounts.com](https://viabenefitsaccounts.com).



#### Request reimbursements on the go!

Download our mobile app from the App Store or Google Play.



#### Get your money quickly!

Set up direct deposit for quick and easy access to your money. Sign up at [viabenefitsaccounts.com](https://viabenefitsaccounts.com).

## Reimbursement Payments

Submit this form one time with documentation and we will reimburse you on a monthly basis for the rest of the year. To be reimbursed for the entire year now, include proof that you have paid for the entire year.

## Request Submission Deadlines

Eligible reimbursement requests must be submitted by December 31 of the following year (e.g., January 2023 monthly medical premium claims must be filed by December 31, 2024).

## We're here to assist you

If you have questions, please call Via Benefits at 1-800-953-5395 (TTY: 711), Monday through Friday 8:00 a.m. to 7:00 p.m. Eastern Time.