

**MEBA MEDICAL & BENEFITS PLAN
APPLICATION FOR REIMBURSEMENT OF PENSIONER MEDICAL CONTRIBUTIONS**

NAME: _____ SSN: _____

ADDRESS: _____

LIST QUALIFYING EMPLOYMENT

EMPLOYER NAME	DATES OF QUALIFYING EMPLOYMENT
_____	FROM: _____ TO: _____
_____	FROM: _____ TO: _____
_____	FROM: _____ TO: _____

PENSIONER SIGNATURE: _____ DATE OF APPLICATION: _____

Effective for employment on or after April 1, 2011, the following conditions must be met for a pensioner to receive reimbursement of Pensioner Medical Contributions:

1. Pensioner must have received permission from the Trustees to return to Covered Employment.
2. Employer Contributions must have been made on Pensioner's behalf.
3. Pensioner must have continued to make monthly/quarterly contributions for Pensioner medical coverage while in active employment. Failure to do so may result in termination of the Pensioner's Retiree medical coverage.
4. Pensioner must work at least 90 consecutive days in covered employment.
5. Pensioner must submit an application for reimbursement of Pensioner Contributions within twelve (12) months from the last day of covered employment.

SEND COMPLETED APPLICATION TO: MEBA Medical Plan, att: Member Services, 1007 Eastern Ave. Baltimore, MD 21202-4345

FOR PLAN OFFICE USE ONLY

Plan office must verify that the above criteria have been met:

CRITERIA	Confirmed
Permission received from Trustees to return to covered employment	
Employer Medical Contributions made for covered employment	
Pensioner Medical Contributions made during the period of covered employment	
# of consecutive days of covered employment confirmed	
# of consecutive days of covered employment is 90 days or longer	
Application submitted within twelve (12) months from last day of covered employment	

EMPLOYMENT VERIFIED (ATTACH EMPLOYMENT HISTORY)

PERIOD OF CONTINUOUS QUALIFYING EMPLOYMENT: FROM _____ TO _____

DAYS OF CONTINUOUS QUALIFYING EMPLOYMENT: _____ DAYS USED FOR EMPLOYEE REIMBURSEMENT: _____

DAYS CARRIED OVER: _____

# of Consecutive Days of Covered Employment	# of Months of Pensioner Medical Contributions to be Reimbursed
1 day to 89 days	No reimbursement
90 days to 119 days	One (1) month of pensioner medical contributions
120 days to 149 days	Two (2) months of contributions

PENSIONER MONTHLY CONTRIBUTION AMOUNT	\$
MONTHS OF PENSIONER CONTRIBUTIONS TO BE REIMBURSED	
TOTAL AMOUNT TO BE REIMBURSED	\$

VERIFIED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

REIMBURSED CHECK #: _____ DATE: _____

Copy to be mailed to pensioner with reimbursement and copy to member services