

## **Extended Reserve Account**

Effective July 1, 2008, UA Local 467 Health and Welfare Trust fund will be implementing an extended reserve plan. Effective with hours worked beginning July 1, 2008, each participant will be able to elect one of four different amounts to be added to their Health and Welfare contribution. The amounts are \$1.00, \$2.00, \$3.00 and \$5.00. Following is a list of common questions and answers about this new plan.

### **What is the charge to maintain this tax free account?**

You will be charged an administrative fee of \$2.50 per month as long as you have a balance in your account. It will be deducted monthly from your account.

### **Will I receive interest on my account balance?**

Yes, you will receive simple interest on your account balance. You will receive an annual statement which details your contributions, the deduction for the administrative fee, any deductions for claims paid and/or premium paid on your behalf and the annual interest accrued.

### **What services are eligible for reimbursement under this plan?**

The extended reserve can be used for Retiree premium, COBRA and Self Pay Premium and eligible out of pocket health care and dependent care expenses.

### **When may I submit a claim?**

Although you may start accruing charges effective when you start making contributions to the plan, your first claim should not be submitted until January 1, 2009. Any claim submitted prior to January 1, 2009 will not be processed until January 2009.

### **When will I receive reimbursement after I submit my claim?**

One check for reimbursement will be issued once a month on or about the 25<sup>th</sup> day of the month, regardless of the number of claims submitted. In order to issue a check on the 25<sup>th</sup> day of the month, claims must be received in the UAS office by the 20<sup>th</sup> day of the month. Any claims received after the 20<sup>th</sup> will have checks issued on the 25<sup>th</sup> of the following month.

### **What do I need to do to submit a claim for reimbursement?**

Complete one of the attached claim forms. If you are requesting that premium be paid on your behalf to the UA Local 467 Trust Fund for Self Pay, COBRA or Retiree copayments, a check will not be sent to you. Payment will be issued directly to the Trust Fund. If you are requesting reimbursement of out of pocket eligible medical expenses or eligible dependent care expenses, you will be sent a check directly to you. This plan will not issue payment to a medical provider or a child care provider.

### **Where do I submit my claim?**

Send all claims to:

United Administrative Services  
P. O. Box 5057  
San Jose, CA 95150-5057  
Attention: Veronica Galvan

Any other questions, please contact Teresa Farias at 408-288-4447 for assistance.