

JOB AID


LOCAL G-555 RETIREES REQUESTING REIMBURSEMENT FROM THE UWUA NATIONAL HEALTH AND WELFARE FUND

If you were a member of Local G-555 and received the yearly HRA contributions as an active employee, you can submit your monthly retiree medical, vision, and dental premiums if you select that coverage through COBRA, to the HRA Health and Welfare Fund for reimbursement, in addition to any out-of-pocket expenses for doctors' office or hospital visits, lab work, x-rays, prescriptions, etc.

You must submit these receipts within **one year of the date of service** until your account has been depleted from your balance. The explanation of benefits "EOBs" are the best receipts to submit for any regular out-of-pocket expenses. You can submit for reimbursement monthly, quarterly, or yearly. Please make sure you **file at least one claim a year to keep the account active**. If you go three years without activity the account balance will be forfeited to the Fund.

Listed below are the steps to file for reimbursement for your monthly medical premiums, and vision and dental premiums if that coverage was picked up for the 18 months with COBRA.

1. Fill out the UWUA National Health and Welfare Fund form.

		UTILITY WORKERS' UNION OF AMERICA NATIONAL HEALTH & WELFARE FUND	
HEALTH REIMBURSEMENT ACCOUNT (HRA) CLAIM FORM			
Name: <u>Robyn Arbogast</u>	Member ID or SS# <u>123-45-6789</u>		
<small>PLEASE PRINT</small>			
Address: <u>14626 Grapeland Ave</u>	Telephone Number: <u>(216) 299-4338</u>		
<small>PLEASE PRINT</small>		<small>PLEASE INCLUDE AREA CODE</small>	
City, State, Zip <u>Cleveland, OH 44111</u>	<input type="checkbox"/> Please check here if this is a new address		
Is this reimbursement request for your			
ACTIVE HRA <input type="checkbox"/> or a RETIREE HRA <input checked="" type="checkbox"/>			
Retirement Date <u>11-1-21</u>			

Service	Description of Charges	Provider Name	Amount	Patient Name	Relationship
1) 4-1-22	Medical Premium	Dominion Energy	\$ 474.73	Robyn	Self
2) 4-1-22	Dental Premium	Dominion Energy	\$ 39.44	Robyn	Self
3) 4-1-22	Vision Premium	Dominion Energy	\$ 4.10	Robyn	Self
4) 5-2-22	Medical Premium	Dominion Energy	\$ 474.73	Robyn	Self
5) 5-2-22	Dental Premium	Dominion Energy	\$ 39.44	Robyn	Self
6) 5-2-22	Vision Premium	Dominion Energy	\$ 4.10	Robyn	Self
7) 6-1-22	Medical Premium	Dominion Energy	\$ 474.73	Robyn	Self
8) 6-1-22	Dental Premium	Dominion Energy	\$ 39.44	Robyn	Self
9) 6-1-22	Vision Premium	Dominion Energy	\$ 4.10	Robyn	Self
10) 7-1-22	Medical Premium	Dominion Energy	\$ 474.73	Robyn	Self
11) 7-1-22	Dental Premium	Dominion Energy	\$ 39.44	Robyn	Self
12) 7-1-22	Vision Premium	Dominion Energy	\$ 4.10	Robyn	Self
13) 8-1-22	Medical Premium	Dominion Energy	\$ 474.73	Robyn	Self
14) 8-1-22	Dental Premium	Dominion Energy	\$ 39.44	Robyn	Self
15) 8-1-22	Vision Premium	Dominion Energy	\$ 4.10	Robyn	Self
Total		00	\$ 2,591.35		

I certify that the claims itemized above have not otherwise been reimbursed and are not reimbursable through any other source. Further, I certify that Health FSA (flexible spending account established through payroll deduction) coverage, if any, for such expenses has been exhausted. I also certify that the expenses itemized are being submitted for myself and/or my eligible dependents and represent allowable expenses as defined within the Summary Plan Description (please read the reverse side of this form).

Robyn L. Quocast
Signature of Participant

2/7/2023
Date

- Sign into your benefits account at <https://digital.alight.com/dominionenergy>.

3. Under the **Health and Insurance** tab, click on **Review Billing and Payments** on the left side.

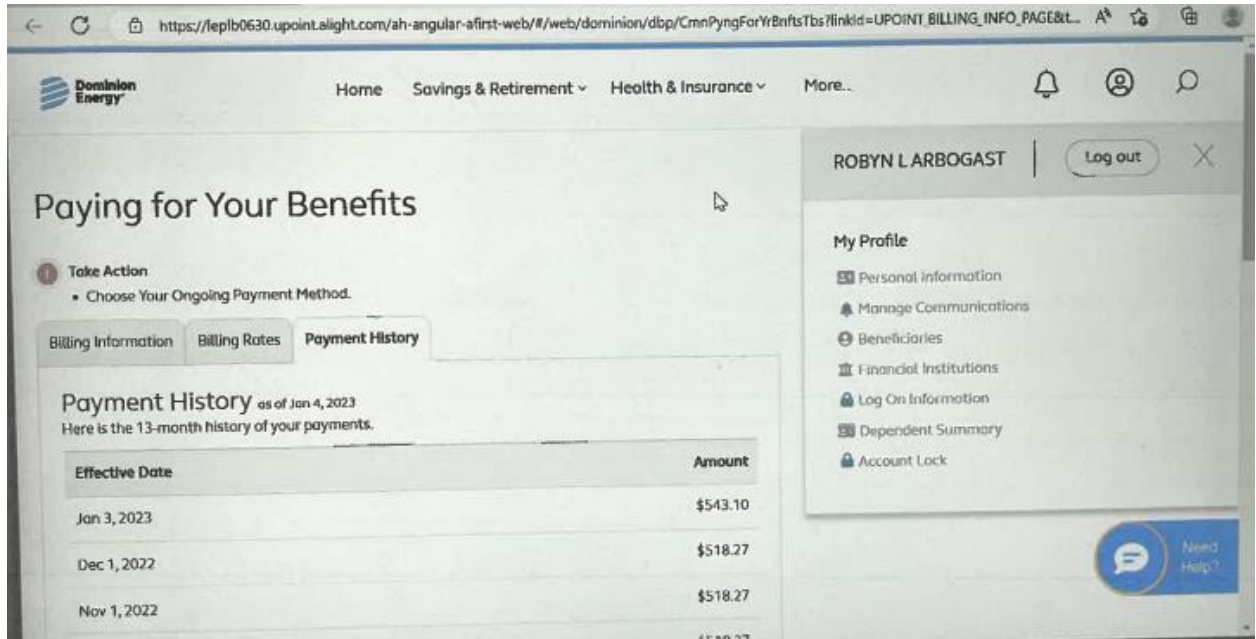
The screenshot shows the Dominion Energy portal interface. At the top, there is a search bar with the text "How may we help you, ROBYN?". Below the search bar is a navigation menu with tabs: Home, Savings & Retirement, **Health & Insurance** (selected), Life Events, and Other Benefits. Under the **Health & Insurance** tab, there is a "Health & Insurance Summary" link. Below this, there are four columns of links: "Take Action" (Review Billings and Payments, Manage Beneficiaries, Change Coverage), "Coverage Details" (Your Current Coverage, Retiree Medical Benefits, Plan Information, View Payroll Deductions), "Accounts" (Change Your Contribution), and "Learn About" (Retirement Hub, Forms and Materials, Recent Requests, Review Billings and Payments, Reference Information). At the bottom, there is a section with links: "Your Health and Insurance Coverage", "Medical Tax Form 1095", "Go Paperless", "Pay For Benefits Automatically", and "Previous Benefits Payment".

4. Then select **payment history**.

The screenshot shows the "Paying for Your Benefits" page. At the top, there is a "Take Action" section with a red exclamation mark icon and the text "Choose Your Ongoing Payment Method." Below this, there are three tabs: "Billing Information", "Billing Rates", and **Payment History** (selected). The "Payment History" tab shows a section titled "Payment History as of Jun 9, 2023" with the text "Here is the 13-month history of your payments." Below this is a table with two columns: "Effective Date" and "Amount".

Effective Date	Amount
Jun 1, 2023	\$493.72
May 1, 2023	\$493.72
Apr 3, 2023	\$543.10
Mar 1, 2023	\$543.10
Feb 1, 2023	\$543.10
Jan 3, 2023	\$543.10
Dec 1, 2022	\$518.27

5. Go to the top right corner and click on **personal profile** to provide your name in the drop down. The Dominion Energy logo will be on the left hand corner and your name on the right hand corner. **Take a picture of this screen with your phone.**



6. Then click on the **payment history** tab again and it will display the same payments listed in the photo and any additional payments. **Print this screen** and attach it to the photo to submit for additional payments. *Please note that the second sheet printed will not have your name or Dominion Energy displayed.
7. Print out your confirmation email for your monthly premium and include **one for each month** you are requesting reimbursement.



Robyn Arbogast <arbo1966@gmail.com>

Benefits Payment Confirmation

1 message

Your Benefits Resources <01377YBR@alight.com>
To: arbo1966@gmail.com

Fri, Apr 1, 2022 at 5:46 AM

This email is being sent to you to confirm that your benefits payment has been received and posted to your account. Please visit the Your Benefits Resources(TM) Web site at <http://digital.alight.com/dominionenergy> to learn more about your account or review your address, coverage, and billing information. If you're changing your email address in the future, make sure you update it on the Web site to keep your contact information current.

This email is generated automatically and cannot accept replies.

Your Benefits Resources(TM) is a trademark of Alight Solutions LLC.

8. Include any correspondence received from Dominion Energy to confirm amount of medical premiums and/or COBRA payments to make it easier for the FUND employees to verify expenses. *Examples shown below.



Statement Date: December 10, 2022



Your Benefits Resources™
<http://digital.alight.com/dominionenergy>



A000787

ROBYN L. ARBOGAST
14626 GRAPELAND AVE
CLEVELAND OH 44111

Direct Debit Amount Change

A change has occurred to the amount that will be withdrawn through direct debit to pay for your benefits. It's a result of a change in your coverage or premium.

Your previous expected withdrawal amount from your bank account was \$518.27.

The amount to be withdrawn on January 01, 2023 is \$543.10. Future withdrawals are expected to be for \$543.10 and will be withdrawn on the first of the month.



Statement Date: December 2, 2021



Your Benefits Resources™
<http://digital.alight.com/dominionenergy>



A000003

ROBYN L. ARBOGAST
14626 GRAPELAND AVE
CLEVELAND OH 44111

Dominion Energy Benefits Plans COBRA Confirmation of Enrollment

This statement confirms your COBRA election decisions and prices. Your current family coverage information is also provided. Your benefit choices are effective as detailed below, and will remain in effect until the end of the plan year or the end of your COBRA continuation period, if earlier. Please review this statement carefully. If you have any questions or identify any administrative errors, you must call the Dominion Energy Benefit Center within 14 calendar days from the statement date. If this statement is accurate, please file it in your records for future reference.

Benefit Choices

	Monthly Price	Coverage Begin Date
• Dental Option 1-Dental Coverage Category 1-You Only	\$39.44	01-01-2022
• Vision Option 1-Vision Coverage Category 1-You Only	\$4.10	01-01-2022
Total Prices	\$43.54	