

About the SERMA Claims Process

Submitting Your Claim

Online

The most common way to submit a claim is on our website. Here's what you need to do:

- Choose to submit a health care claim.
- Enter the required information on the claim form, which allows space for multiple expenses.
- You'll need to provide information which includes the provider of your coverage, the date the coverage begins, the cost of the coverage, and who is covered.
- Print the claim form, and sign and date the print page. This will serve both as your fax cover sheet and your claim form.
- Fax or mail the completed form, along with receipts or other documentation by the date indicated.

Special Situations

You can't submit a SERMA claim for future services. Remember that your claims are reimbursed based on the date when the service occurred (the month in which the insurance company provided you coverage), not the date you paid your bill. For example, if you paid for your January premium in December, we'll pay your claim based on the coverage period which begins January 1st. We cannot process your claim in December as you've not yet been provided the coverage.

The SERMA plan year runs from January 1st through December 31st of each year. You may submit for premiums incurred during these dates as long as you file your claim after your coverage began, before the run-out period ends (March 31st of the year following), and you were eligible for a SERMA reimbursement on the date the coverage began.

You're allowed to submit SERMA claims for the prior year during the run-out period (January 1st to March 31st), as long as the premiums occurred while you were eligible under the plan. For example, if you're claiming for June, 2011 premiums, you have until March 31st, 2012 to file your claim. The run-out period provides you extra time to submit your claims. If you do not submit your claims with complete supporting documentation by March 31st, we will be unable to approve your claim.

Required Receipts and Documentation

To get reimbursed as quickly as possible, you need to send your receipts or other documentation. The Internal Revenue Service (IRS) requires that you provide itemized receipts or other documentation to prove that expenses are eligible under the plan. Be sure your documentation validates who is covered, how much you're paying for the coverage, the dates of the coverage, the company or carrier who is extending the coverage and most importantly a detailed, itemized description of the coverage being provided.

Receiving Reimbursement for Your Claim

Once your claim and receipts have been received, a decision on your claim will be made within 10 days. If approved, a reimbursement from your account will then be made to you one of the following ways:

Direct Deposit--Money will be deposited in your account in 2 to 3 business days from when we process your claim. This is the fastest way to receive your money. If you haven't enrolled in direct deposit, go to Your Preferences section of the website to sign up. You can also set up direct deposit by calling the YSA Customer Service team.

Check Mailed to You--A check will be mailed within 2 business days after your claim is processed (allow time for postal delivery).

Tracking Your Claim

If you've submitted your claim online, you can track your claim status on our website after your claim and receipts have been received. Claim statuses will update as receipts and other documentation are received, and when a decision is made on your claim.

If You've Enrolled in Medical Coverage Through Senior Educators

Many medical insurance carriers available through Senior Educators offer the convenience of automatic reimbursement, eliminating the need for you to file SERMA claims. If your insurance provider offers this convenience, the carrier will send your monthly premium amount to Your Spending Account™ and we'll automatically issue reimbursement from your SERMA. For complete details on this program, which carriers offer it and how to sign up – ask your Senior Educators agent.

If your carrier doesn't offer automatic reimbursement of premiums, you'll need to provide the same information as those who purchase medical coverage directly from an insurance agent or company as described in the next section.

If You've Purchased Medical Coverage Directly from an Insurance Agent or Company

Review the receipts or other documentation information later in this packet for examples of what information we'll need to approve your claim. The documentation needs to include the dates of coverage, a description of the coverage provided, who is covered, and the amount you're paying for the coverage. We're unable to accept canceled checks or bank statements to approve your claim.

If You're Covered by Retiree Medical Coverage Through an Employer Other Than Intel

Remember, if you have medical coverage through an employer other than Intel, it must be retiree medical coverage. If you or your spouse is actively working and you're covered

under that benefit plan, the premiums are not eligible for reimbursement from your SERMA. The medical coverage must be paid for using after-tax dollars and your documentation must clearly show that it is retiree or after-tax coverage. We accept pension statements showing the coverage and amounts withheld; or direct billing statements. We'll also accept confirmations of enrollment. You can find examples of these various statements on the [receipts or other documentation](#) page of our website. If we cannot clearly determine the coverage provided was purchased with after-tax funds or isn't labeled "retiree medical coverage" along with who is covered, we are unable to approve your claim.

If You're Covered by Intel Sponsored COBRA Medical Insurance

Create your claim online and submit the Intel Health Benefits Center COBRA Billing Notice to us with your claim. You may view a sample of COBRA Billing Notice on the [receipts or other documentation](#) page on our site. There is also one included in this guide.

If You're Claim For Long Term Care Premiums

Your SERMA plan allows you to submit premiums for Long Term Care (LTC). SERMA doesn't cover actual long term health care costs such as doctor visits, medications, hospitalization, or assisted living expenses. When submitting your claim for Long Term Care premiums, be sure your receipts or other documentation include the dates of coverage, a description of the coverage provided, who is covered, and the amount you're paying for the coverage.

SERMA: Required Receipts and Documentation

What You Need to Send Us

To get reimbursed for your claims as quickly as possible, you need to send your itemized receipts or other documentation. Your SERMA plan and the Internal Revenue Service (IRS) require that you provide receipts or other documentation to prove that expenses are eligible under the SERMA plan.

If you've lost your itemized receipt, contact your service provider or insurance carrier to request a copy.

With all claims, you also need to send a completed and signed Your Spending Account claim form, which you can create online on the Your Spending Account™ website by choosing Submit Claims.

Documentation for SERMA Expenses

Service Type	Required Documentation
Premiums	<p>Retiree Medical & Long Term Care Premiums</p> <p>You're required to provide one of the following:</p> <ul style="list-style-type: none">▪ Payment coupon indicating the monthly premium amount, coverage period and who is covered▪ Pension or retirement stub indicating deductions for medical premiums along with coverage category▪ Confirmation of Enrollment showing coverage begin and end dates, who's is covered, and total coverage premium. <p>Medicare Premiums</p> <p>You're required to provide one of the following:</p> <ul style="list-style-type: none">▪ A Medicare statement indicating how much you're paying for Part B each month▪ A Social Security Administration letter indicating the annual percentage increase and your Medicare rates (<i>maybe required annually</i>)▪ If you're required to pay for Medicare Part A, the same information you're using for your Part B premiums should be submitted to us with your claim <p>Intel Sponsored COBRA Coverage</p> <p>You're required to provide the following:</p> <ul style="list-style-type: none">▪ Copy of your Billing Notice, please include all pages (page 2 includes the coverage information we'll need to approve your claim)

What Your Itemized Receipts Should Include

It's important that you provide the appropriate receipt with your claims. Without sufficient documentation, we are unable to approve your claim.

Example of Valid Receipt

Although your itemized receipt might look different than the example below, it must **always** contain the following information:

- A.** Name of service provider (insurance company or employer name)
- B.** Coverage begin and end date
- C.** Description of coverage provided
- D.** Total premium of the coverage for the period
- E.** For whom coverage is provided

ACCOUNT NUMBER	AMOUNT DUE	DUE DATE
90002594	\$ 1,657.80	01-Jan-11

JANE DOE
123 Main Street
Santa Clara, CA 95050

ACME ANVIL RETIREE
HEALTH CARE PLAN

SEMI-ANNUAL PAYMENT 01/01/11 - 06/30/11
USE THIS COUPON TO PAY 6 MONTH SINGLE PREMIUM

PAYALBE TO:
Insurance Direct
100 Chicago Street
Chicago, IL 60677

REMIT COUPON WITH PAYMENT
QUESTIONS: 1-800-337-5879

TOTAL PAYMENT: \$1,657.80

Examples of Other Acceptable Documentation

Pension Statement

A	ACME ANVIL PENSION STATEMENT 123 Main Street Albuquerque, NM 87101	Statement Date: 12-Dec-10
	JANE DOE 123 Main Street Santa Clara, CA 95050	NET DEPOSIT: \$xxxx.xx
	Retiree Pension	Monthly YTD \$yyyy.yy
C	Retiree Medical	\$hh.hh
E	Retiree & Spouse	\$dd.dd
A	Anthem	\$115.40
D	Retiree Dental - Retiree & Spouse/Delta	\$ww.ww
C	SS Medicare Part B	\$115.40
	Withholding	\$www.ww
	Net Pay - Direct Deposit	\$xxxx.xx

Confirmation of Enrollment

ACME ANVILS
Confirmation of Enrollment

Coverage	Annual Cost
2011 Anthem Retiree Medical plan	\$24,358.63
-covered: Jane & John	
-coverage period: 01/01/2011-12/31/2011	

**you'll receive your first bill in December which is due January 1st.*

Intel COBRA Billing Notice



Billing Notice

Statement Date 06-10-2010
Account Number xxxxxxxxxx



V000001
JANE DOE 010101010
123 Street, XYZ
XYZ, 123456

This bill is for your benefit coverage.

Previous Balance	-	Payments Received	+	Current Billing Period Charges	+	Account Adjustments	=	Total Amount Due
\$634.49		\$0.00		\$634.49		\$0.00		\$1,268.98

Billing Notice

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Current Billing Period Charges

Premium Type	Premium Description	Billing Period	Charge
COBRA Medical	Anthem HDHP, You + Sps/DP+1	07-01-2010 to 07-31-2010	\$634.49
Total Current Billing Period Charges			\$634.49

Example of an Invalid Receipt

This is an invalid receipt because it doesn't list the description of the coverage provided, who is covered, the coverage period or the total premium for the coverage purchased. Common invalid receipts are credit / debit card receipts, canceled checks or bank statements.

SALE

Pharmacy
123 Main Street
Anywhere, USA
12345 0000

MERCHANT ID 9999999999999999
DEVICE ID 99999
Term: 001 MC SALE / KEYED
Acct: 1234567890123456 Exp: 0107

SALE	\$	10.00
TOTAL	\$	10.00

X _____
SIGNATURE

I AGREE TO PAY ABOVE AMOUNT ACCORDING
TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF RETURN)

THANK YOU

DATE: 05/21/05 TIME: 15:45

TOP COPY-MERCHANT