



Mail your completed form and check to: **Emeriti RHSP, PO Box 668, Spokane, WA 98108.**

You may need to pay back part or all of a claim reimbursement or benefits card transaction if you later find that (1) the claim was or should have been reimbursed from another source, such as a health flexible spending account (FSA), a health savings account (HSA), or another medical plan; (2) your actual out-of-pocket amount was less than the reimbursement amount you received; or (3) you are unable to provide sufficient documentation to show that a benefits card transaction was for a qualified medical care expense.

1 Participant Information (Please fill out your information below)

If you have more than one participant account, enter the account number for the account from which the claim reimbursement or benefits card transaction was paid.

Account Number or SSN: _____ Date of Birth: _____

First Name: _____ Last Name: _____

Address: _____ Is this a new address?

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

2 Repayment Information and Submission Instructions

Enter the required information for each claim reimbursement or benefits card transaction you are paying back. To look up claim numbers or benefits card transaction ID numbers, log in at **MyEmeritiHealth.org** and click Claims or Benefits Card.

Claim No. or Transaction ID	Date of Service or Transaction	Repayment Amount	Reason
Total Repayment Enclosed			
Check No.			

Make check payable to: Emeriti RHSP
Mail check and completed form to: Emeriti RHSP, PO Box 668, Spokane, WA 99210

3 Certifications (Read Before Submitting)

By completing and submitting this form, you agree to the Terms and Conditions, as amended from time to time, which can be found in the Summary Plan Description. To get a current copy, log in at **MyEmeritiHealth.org** and click Resources on the menu bar.