



## Midwest Operating Engineers Fringe Benefit Funds

WELFARE FUND - PENSION TRUST FUND - VACATION SAVINGS PLAN

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James M. Sweeney, *Chairman*

David Snelten, *Secretary-Treasurer*

### RETIREE MEDICAL SAVINGS PLAN (RMSP) APPLICATION/AUTHORIZATION FORM (NOT ON MIDWEST OPERATING ENGINEERS HEALTH & WELFARE)

Name: \_\_\_\_\_ Social Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

When I retired I was not eligible for Midwest Operating Engineer Health & Welfare Plan Retiree Benefits, or did not elect Retiree Benefits. I authorize the Administrative Manager or the Health & Welfare Fund to use my RMSP account to reimburse me for Supplemental Medical Benefits for other health care plans. I understand that if the bill I am submitting exceeds the balance in my RMSP account that I will only receive re-imbusement for the amount left in my RMSP account. In order to use the RMSP account I must submit a paid receipt for other healthcare plan benefits, as shown below. Attached is a copy of my paid receipt in the amount of \$ \_\_\_\_\_ for:

- Deductibles and co-pays under another group health care plan
- Premiums for another group health care plan
- Medicare Part B premiums
- A Medicare Advantage plan
- Medicare Part D (prescription drug) plan premiums
- Medicare Supplement Premiums for a (medigap) or a Tax-qualified long-term care insurance policy
- Qualified nursing home, home health care, or hospice-care expenses

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date