**Section 2120.510 Claims for Reimbursement**

a) A Participant who has enrolled for a Plan Year may apply to the Plan Administrator for reimbursement of medical care expenses incurred by the Participant between July 1 of the Plan Year and September 15 of the following Plan Year. For purposes of this Part, expenses are treated as having been incurred when the Participant is provided with the medical care that gives rise to the expenses, and not when the Participant is formally billed, charged for, or pays for the medical care.

b) New Participants who enrolled during the open enrollment period may apply for reimbursement of medical care expenses incurred between the first day of the Plan Year (in accordance with Section 2120.210) and September 15 of the following Plan Year. New Participants who enroll through a mid-year enrollment due to a change in family status may apply for reimbursement of medical care expenses incurred between the first day of the pay period following the signature date on the enrollment form, or the date of the change in family status, whichever is later, and September 15 of the following Plan Year.

c) Participants who revoke participation in accordance with Sections 2120.220 and 2120.320 before the end of the Plan Year may apply for reimbursement of medical care expenses incurred between July 1 and, if on an anticipated payroll, the last day of the pay period that the last deduction was taken or, if on a delayed payroll, the last day of the pay period following the pay period when the last deduction was taken.

d) Participants who terminate, retire or go on unpaid leave of absence and choose to pay any contributions for the balance of the Plan Year, in accordance with Section 2120.310(c), will have coverage for the entire Plan Year and may apply for reimbursement of medical care expenses incurred between July 1 of the Plan Year and September 15 of the following Plan Year.

e) The Participant may apply for reimbursement by submitting an application in writing to the Plan Administrator on a claim form provided by the Plan Administrator setting forth:

1) the amount, beginning and ending service date and type of service for which reimbursement is requested;

2) the name of the person, organization or entity to which the expense was paid;

3) third party verification of the expense, such as bills, invoices, receipts, or other statements showing the amounts of such expenses; and

4) a statement that the medical expense has not been reimbursed and is not reimbursable under any health plan coverage.

(Source: Amended at 30 Ill. Reg. 15119, effective September 6, 2006)