

BUFFALO LABORERS' WELFARE FUND

IMPORTANT INFORMATION REGARDING REIMBURSEMENTS

HEALTH CARE ELIGIBLE EXPENSES: In general, you may be reimbursed for a health care expense that qualifies as an expense for medical care as defined under Internal Revenue Service Code Section 213(d). This would include, but would not be limited to amounts paid for medical and dental bills, prescription drugs, eyeglasses, and transportation primarily for, and essential to, medical care.

SUPPORTING DOCUMENTATION: The following original supporting documentation must be attached to this form:

Medical/Dental/Vision expenses: Attach original itemized bills that clearly specify the following information

- Date(s) of service or purchase
- Name of the person who received the service, or purchased the item
- Name and address of the provider of the service, or place of purchase
- Amount charged and/or paid
- Type of service/supplies, or items purchased

Dependent Care Expenses: Complete the requested additional information for dependent care expenses on the attached form, and attach the original itemized bill from the care giver, nursery school, day care center, etc. You must also include proof that your spouse is working or attending school at the time of the day that the day care was provided.

TIMING: In order to make a claim for a Health Care Account reimbursement benefit, you must submit the claim and all required proof **within 90 days after the end of the calendar year** in which the related expense was incurred.

Claims for Dependent Care Reimbursement and all required proof must be submitted **no later than April 1st of the calendar year following the calendar year** in which the expense is incurred.

FRAUDULENT OR INCORRECT INFORMATION:

Your or your Dependent's benefits under the Plan may be denied, suspended or discontinued at any time and for any length of time (including permanently) by duly authorized representatives of the Fund office, the Trustees (or any of their designees) in their sole and absolute discretion if you or your Dependent fail to submit the requested information or proof, make a false statement, or furnish fraudulent or incorrect information (including, for example, submitting fraudulent or altered bills in order to receive reimbursement from the Health Care Account).

The Fund has also adopted a rule that provides that, if a participant or beneficiary makes a false statement or furnishes false or fraudulent information (such as fraudulent or altered bills in order to receive reimbursement for a Health Care Account), at a minimum (in addition to any action taken under the preceding paragraph), the Fund will deduct \$500 from the participant's Health Care Account for a first offense and \$1,000 for a second offense.