Premium Reimbursement Claim Form

Use this form to request reimbursement under City Retiree Premium Reimbursement Program.

Employer: **CITY OF WINSTON-SALEM, NC** ***Please Print Clearly.***

Employee's Name (First, Last): _____

Participant ID Number: _____ **Social Security No.** (Last 4 Digits): XXX-XX- _____

Phone: (_____) _____ **Email:** _____
(Your email will only be used to contact you about your account.

Mailing Address (Number, Street): _____

☐ *Check here If new address.* (City, State, ZIP): _____

Please attach documentation of eligible medical and/or prescription plan(s).

Acceptable forms of documentation include: A current billing statement from the insurance carrier listing the retiree as a covered member, or a paid receipt or statement from the insurance carrier indicating the payment was received.

Complete one section below for each policy. Use additional forms as needed.

I request ongoing reimbursements from my premium reimbursement account for the specified policy period(s) below.

Policy Start Date (MM/DD/YYYY): _____/_____/_____ Policy End Date: _____/_____/_____

Insurance Company: _____

Policy Number: _____ Monthly Premium Amount: $ _____

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Policy Start Date (MM/DD/YYYY): _____/_____/_____ Policy End Date: _____/_____/_____

Insurance Company: _____

Policy Number: _____ Monthly Premium Amount: $ _____

By signing below, I certify that all of the information above is to the best of my knowledge and belief true, correct and complete. I understand that I alone am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by me, and that I am responsible for remitting payment to the insurance provider(s) to settle any debts associated with the claimed expenses.

_____ _____

Signature (Required) **Date**

Claim Submission Deadline: You have until midnight, March 31, to submit claims for expenses incurred during the prior calendar year. Claims received after the submission deadline cannot be considered for reimbursement.

Submit your claim:
Mail: Claims Processing, Savers Administrative Services, 635 W. Fourth St., Suite 201, Winston-Salem, NC 27101-2740
Fax: 336-759-3999
Email: claims@saversadmin.com – scan and send claim form and receipts as attachments

Always remember to keep a copy of the completed claim form and supporting documents for your records.

SaversAdmin PAYROLL HR BENEFITS
635 W. Fourth Street, Suite 201 • Winston-Salem, NC 27101-2740
336.759.3888 local • 800.949.0311 toll-free • 336.759.3999 fax
www.saversadmin.com • flex@saversadmin.com

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