



Return this form to:
 Michigan Conference of
 Teamsters Welfare Fund
 2700 Trumbull
 Detroit, MI 48216
www.mctwf.org

FLEXIBLE DEPENDENT COVERAGE PROGRAM CLAIM FORM

NOTE: Flexible Dependent Coverage Program claims are only accepted during the two (2) predetermined filing periods of: July 1st through August 31st for the current year and January 1st through March 31st for the previous year.

Participant's Name	Participant Contract No.
Address	Participant Date of Birth
City State Zip	Telephone Number ()
Present Employer	Occupation
Dates of Present Employment From: To:	Local Union No.

IMPORTANT: Reimbursement will not be issued unless attached receipt (s) reflect full payment of qualified Flexible Dependent Coverage Program services/expenses.

Attach Receipts in the Space Provided Below:

[Attach receipts here or on a separate page](#)

1. Receipts must reflect the amount paid and indicate paid in full.
2. Receipts must contain a full written description of service/expense; including the date of service, the patient and provider who rendered the service if appropriate.
3. Must be a qualified service/expense (see back).
4. Amount you paid is NOT reimbursable by another policy or plan
5. Proof of contribution copays must be either pay stubs or US tax reporting form W-2

My signature below verifies payment of the above services/expenses was my responsibility. If this receipt is for my dependent, the amount paid was my responsibility due to full/partial rejection or dependent's deductible and/or co-pay liability from their group health plan. This bill does not qualify; nor do I intend to submit it to another party for payment.

Participant's Signature (will not process without signature)

Date

What is Covered?

Generally, allowable expenses include your medical, dental and optical expenses that are not reimbursed by other group health plans and that you are permitted to deduct from your individual tax return if you itemize your deductions, as described in IRS Publication 502. They are as follows:

ELIGIBLE Items

- abortion;
- acupuncture;
- alcoholism treatment;
- ambulance service;
- artificial limbs;
- artificial teeth;
- birth control pills;
- Braille books and magazines;
- Breast reconstruction surgery following mastectomy;
- capital expenses for home medical equipment or improvements for medical care;
- car controls and equipment for disabled persons;
- chiropractic care;
- Christian Science Practitioner;
- contact lenses;
- copayments and deductibles paid under this and other benefit plans;
- contribution copays for a MCTWF benefit plan (paid on a post tax basis)
- crutches;
- dental treatment;
- diagnostic tests;
- disabled dependent care;
- doctors' fees;
- drug addiction inpatient treatment;
- drugs requiring a prescription;
- duplicate prosthetic devices;
- eye surgery;
- eyeglasses;
- fertility enhancement;
- guide dogs;
- health institute treatment prescribed by a physician;
- hearing aids and exams;
- hearing treatment;
- hospital services;
- injections;
- insulin;
- in vitro fertilization;
- lab fees;
- lead based paint removal, when child has lead poisoning;
- learning disability tuition;
- legal fees necessary to authorize treatment for mental illness;
- legal fees associated with procuring an egg donor for the direct purpose of correcting infertility;
- lifetime care - advance payments ensuring lifetime care in a retirement home, medical portion;
- lodging in hospital or similar institution while receiving care;
- long-term care – premiums and unreimbursed expenses;
- meals at hospital or similar institution while receiving inpatient care;
- medical conferences for chronic illness of you, spouse or dependent: admission & transportation;
- medical equipment, supplies, or diagnostic devices to the extent that such items mitigate the effect of an injury or illness or assist in the treatment of the injury or illness (with or without a prescription);
- medical services;
- medicines prescribed by a physician;
- mentally retarded, special home for;
- mouth guards prescribed by your doctor;
- nursing home services (medically necessary);
- nursing services;
- operations – medical expenses you pay for operations that are not unnecessary cosmetic surgery;
- optometrist fees;
- organ transplants;
- orthodontic treatment;
- orthopedic shoes;
- osteopath;
- oxygen;
- periodontal fees;
- prosthesis;
- psychiatric care;
- psychoanalysis;
- psychologist;
- psychotherapy (by approved provider);
- special schools for the handicapped;
- sterilization;
- stop-smoking programs (does not include non-prescription drugs such as nicotine gum & patch);
- surgery;
- telephone for the deaf;
- television equipment for hearing impaired;
- therapy;
- transplant donor expenses;
- transportation for medical care;
- tuition – medical expenses charges for medical care included in tuition of a college/private school;
- vaccinations;
- vasectomy;
- vitamins requiring a prescription;
- vision correction surgery (such as LASIK or radial keratotomy);
- weight-loss program – if diagnosed by physician with specific disease (includes group fees; doesn't include dues for gym, health club, or spa; doesn't include diet food or beverage unless food doesn't satisfy normal nutritional needs, food alleviates or treats an illness, and need for the food is substantiated by a physician);
- wheelchairs or autoette;
- wig; and,
- x-rays.

INELIGIBLE Items

- any expense you deduct on your individual tax return.
- babysitting, child care, nursing services for normal, healthy baby;
- controlled substances;
- cosmetic surgery unless necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease);
- dancing/swimming lessons (even if recommended for general improvements of your health);
- diaper service;
- electrolysis/hair removal;
- expenses for trip or vacation taken for a non-medical reason;
- funeral services;
- group medical insurance premiums from the spouse's employer paid with pre-tax dollars;
- hair transplant;
- health club dues;
- household help;
- illegal operations/transplants;
- maternity clothes;
- meals and lodging away from home for medical treatment not received at a medical facility;
- medical savings account contributions or distributions;
- nursing services for a healthy baby;
- nutritional supplements not requiring a prescription;
- over-the-counter medicines (except for insulin
- personal use items;
- psychoanalysis you receive as a part of your training to be a psychoanalyst;
- teeth whitening procedures; and
- weight-loss programs if your doctor recommends the program for your general health or if for improving appearance or sense of well-being, or diet foods that substitute for normal food.