

PREACHER'S RELIEF BOARD
APPLICATION for REIMBURSEMENT OF MEDICAL/PHARMACY EXPENSES

STATEMENT of PRINCIPLE:

The funds administered by the **PREACHER'S RELIEF BOARD** are gifts from donors who love their church and its pastors. This new reimbursement program begins January 1, 2017 and is designed to assist retirees and their spouses, enrolled in the *Conference Medicare Supplement plan administered by AmWins*, with modest incomes who meet the criteria for financial assistance with extraordinary out-of-pocket medical and/ or pharmacy expenses. Reimbursements are not available for participants whose incomes are above \$50,001 or for those who are not enrolled in the Conference Medicare Supplement plan. This program will offer reimbursements through 2017 and will be reevaluated annually to determine if it continues.

Instructions for applying for reimbursement of medical/pharmacy expenses:

1. Complete the application below and submit it to the Preacher's Relief Board by regular mail or email to benefits@flumc.org.
2. Include a copy of your quarterly claim statement documenting your out-of-pocket expenses from *Express Scripts*.
3. Include a copy of the first two pages of your prior year's Federal IRS tax return to document your income.
4. Reimbursement applications will be processed at the end of each quarter with payments made to applicants at that time.
5. Participants can submit applications each quarter until the maximum reimbursement level has been reached for the calendar year.

Reimbursement schedule is based on a percentage of the 2017 Medicare Catastrophic Limit (Donut hole) of \$4,950. Applicants whose gross household income is at or below:

- \$25,000 are eligible for up to \$3,900 in reimbursements within the calendar year.
- \$25,001 to \$35,000 are eligible for up to \$3,700 in reimbursements within the calendar year.
- \$35,001 to \$50,000 are eligible for up to \$2,500 in reimbursements within the calendar year.
- Applicants whose total household gross income is greater than \$50,001 are not eligible for reimbursement from this program.

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PLEASE PRINT

NAME of APPLICANT _____

CURRENT ADDRESS _____
(Street) (City) (Zip)

PHONE NUMBERS: HOME _____ MOBILE _____

E-MAIL ADDRESS: _____

Date of Birth _____

Marital Status:

___ Married

___ Single

___ Divorced

___ Widowed

Number of years serving in Ministry _____ Number of years serving in Florida Conference _____

Conference relationship Status: _____

What was your total household gross income for 2016? \$ _____

What is the amount of medical/pharmacy expenses you are submitting for reimbursement?
\$ _____

I hereby pledge that the information submitted is true and correct.

Date: _____

Signature of applicant: _____

Mail completed applications to: Florida Conference of The United Methodist Church, Preacher's Relief Board, 450 Martin Luther King, Jr Ave. Lakeland, FL 33815-1522.