

**Information below outlines acceptable documentation to provide to ASIFlex for RHIC reimbursement if ...** (Updated 7-2019)

- you have non-NDPERS sponsored health and/or prescription drug coverage OR
- you have NDPERS health, dental, or vision coverage under an “active” NDPERS employer-sponsored plan \*

\*As a reminder: If you have NDPERS insurance coverage as a “retiree”, you DO NOT need to submit any documentation to ASIFlex for RHIC reimbursement. NDPERS will report your monthly premium amounts paid to ASIFlex.

**All 3 forms of documentation must be provided to validate a claim: (1)Proof of Insurance, (2)Proof of Payment, and (3) Claim Form**

**(1) Proof of Insurance** must be provided at least annually or when a change in health and/or prescription drug coverage cost occurs:

**Letter from insurance carrier (individual policy)**

- verify type of coverage (health or prescription drug only)
- verify retiree with RHIC is policy holder or covered dependent on health plan
- verify premium amount
- verify dates or month(s) of coverage (coverage start date)

**Letter from employer (employer-sponsored policy)**

- verify type of coverage (health or prescription drug only)
- verify retiree with RHIC is policy holder or covered dependent on health plan
- verify amount of premium paid by employee
- verify dates or month(s) of coverage
- confirm premium is paid after-tax

**Annual Pension Statement Verifying Health Coverage Cost**

- verify type of coverage (health or prescription drug only)
- verify retiree with RHIC is policy holder or covered dependent on health plan
- verify premium amount
- verify reoccurring monthly amount of coverage

**Annual Social Security Statement (No proof of payment required)**

- verify Part B and Part D premiums paid
- verify retiree with RHIC is policy holder
- verify premium amount
- verify reoccurring monthly amount of coverage

**(2) Proof of Payment** must be provided for each month your RHIC benefit is being claimed:

**Bank Statement**

- must show month(s) and amount paid
- eliminate all other information except what is pertinent to prove expense (insurance company/coverage, amount, date, your name)

**Cancelled Check**

- must show month(s) and amount paid

**Electronic Payment Receipt**

- must show month(s) and amount paid

**Pay stub**

- must show after-tax deduction (pre-tax deductions are ineligible)
- must show month(s) (beginning of pay period) and amount paid
- eliminate all other information except what is pertinent to prove expense (health deduction, amount, date, your name)

**Itemized Statement from Insurance Company or Employer**

- must verify month(s), amount paid, and method of payment

**(3) Claim Form** must be submitted with each claim request

- Indicate dates, type, and amount of eligible premiums paid
- Indicate “reoccurring” if reoccurring claim (if applicable)
- Must be signed and dated
- POA (Power of Attorney) must be verified and on file with NDPERS (if applicable)
- Contact ASIFlex by Phone: 1.800-659.3035 or Online: [www.asiflex.com](http://www.asiflex.com) and click “Forms”

