



## SUBMITTING YOUR CLAIM & PREPARING YOUR CLAIM FORM

- Retain copies for your files. Claim information cannot be returned.
- Do not highlight the form or enclosed documentation. Highlighting makes scanned and faxed documents difficult to read.
- Refer to [www.aetnavigators.com](http://www.aetnavigators.com) for additional claim tips. Once in Navigator, click on the [Claims & Balances](#) link and then click on [Claims](#). On the left side of the screen, click on [Forms](#). Scroll down to Flexible Spending Account (FSA) and scroll to the Reimbursement section. Click on the link for [Health Care and Dependent Care claim submission guidelines](#).

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### SECTION 1 – Retiree Information

**RRA Identification Number** – As a participant with the RRA, you have been assigned a unique participant number. Your RRA ID Number is a 9 digit number preceded with a “W”. If you do not know your W#, you can locate it from any one of the following sources:

- [Explanation of Payment \(EOP\)](#) – Paper EOPs always display your W#.
- [Activity Statement](#) – As an Aetna RRA participant you may receive an activity statement at least once a year; refer to this statement for your W#.
- [Aetna Medical ID Card](#) – If you have Aetna medical coverage, the W# displayed on your ID card is also used for your RRA.
- [Member Services](#) – Call Member Services to inquire about your W#.

**NOTE:** If you prefer, you can use your Social Security Number in this field.

**Retiree’s Address** – Report an address change to your employer. To avoid misdirected claim payments, your employer must notify Aetna of your new address.

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### SECTION 2 – Employer Information

**RRA Control Number** – Your employer has been assigned a unique RRA plan number. If this form does not have that number pre-printed, you can locate this number from any one of the sources (with the exception of the Aetna Medical ID card) listed above in Section 1.

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### SECTION 3 – Expense Information

List and separate expenses\* by individual family members. **Attach the appropriate documentation for each claim.**

**NOTE:** A canceled check is not adequate documentation.

- **If you have insurance that covers part of this expense or your insurance does not cover this expense at all:**  
Submit the Explanation of Benefits (EOB) with your completed claim form. *You do not need to submit any other documentation with the EOB.* For a prescription drug claim, refer to the instructions below. NOTE: Any third party documentation that indicates insurance has not yet paid (e.g., pre-treatment estimate) will be returned to you. You will need to resubmit the claim once you have received a final EOB; the EOB must show that the insurance carrier has paid its portion of the claim.
- **For a prescription drug claim or if you do not have insurance:**  
Submit the itemized receipt or statement from the doctor/dentist/pharmacist/health care professional. This itemized receipt or statement must include:
  - Name & address of doctor/dentist/pharmacist/health care professional
  - Patient’s name
  - Date(s) of service
  - Type of service
  - Dollar amount charged**NOTE:** Receipt from doctor/dentist/pharmacist/health care professional must clearly document patient’s financial responsibility.
- **If the RRA allows for reimbursement of healthcare premiums\* you must include the following required information:**
  - **Medicare Part B** – The first time you are requesting reimbursement of premiums, enclose a copy of your Notice of Medical Insurance Enrollment and Premium Deduction from the Department of Health & Human Services. Each time thereafter, you need only complete this form.
  - **Medicare Part D, Medigap or other medical coverage** – Include a copy of the invoice for premium (or check stub for a spouse’s employer plan)

\* Refer to your plan documents for a list of eligible expenses.

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### SECTION 4 – Coordination of Benefits (COB)

When an expense is covered under more than one health plan (including Medicare), both Explanation of Benefits (EOBs) must be submitted in order to process the reimbursement.

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### SECTION 5 – Certification

**You must sign and date this form to avoid claim payment delays.**