

Royal State National Insurance Company, Ltd.
Supplemental Health Plan Benefits Claim Form

Employee Name (Print): _____
Last Name First Name MI

Daytime Phone Number: _____ Alternate Phone Number: _____

Mailing Address: _____

Please check if this is a new mailing address

ATTENTION

The new policy/plan year is from January 1, 2012 to June 30, 2013.

The filing deadline is 120 days after the end of the policy/plan year or 120 days after your termination date, whichever is earlier.

Please follow the rules and claim filing requirements printed on the reverse of this form. Complete the information below for medical care and prescription drug expenses that were incurred by you, your spouse or other eligible dependents. The services must have been covered by your primary health insurance to be eligible for reimbursement. Failure to complete this form or follow the claim form instructions will result in a delay or denial in processing claim reimbursement.

	Date(s) of Service(s)	Name of Person Receiving Service	Self, Spouse or Dependent Child	Description of Service	Expense Reimbursement Requested
1					
2					
3					
4					
5					
6					
7					
8					
Total					

To the best of my knowledge and belief, my statements on this Supplemental Plan Benefits Claim Form are complete and true. I certify that these are eligible medical care expenses that my dependents or I have incurred. I understand that medical care expenses must qualify as benefits under the Royal State Supplemental Health Plan, and cannot be reimbursed by any other source or used as a deduction on my personal income tax return(s). I have read and followed the rules and claim filing requirements and understand the **120-day filing deadline will apply. See reverse.**

Employee's Signature

Date

For Office Use Only

Royal State National Insurance Company, Ltd.

Telephone: (808) 539-1621 Toll Free: 1-800-890-9022 FAX: (808) 566-0914

CLAIM FILING REQUIREMENTS:

FILING DEADLINE IS 120 DAYS AFTER THE END OF THE POLICY/PLAN YEAR OR 120 DAYS AFTER YOUR TERMINATION DATE WHICHEVER IS EARLIER. THE PLAN WILL NOT PAY ANY CLAIMS RECEIVED AFTER THIS 120-DAY PERIOD.

Failure to comply with any of the filing requirements will result in delay or denial of processing your claim for reimbursement.

1. Complete **ALL** the information requested on the claim form. Fill out the table for each amount claimed for reimbursement. Sign and date the claim form. Make a photocopy for your records. Additional claim forms are available upon request.
2. For reimbursement of medical services, attach copies of insurance payment reports (e.g., HMSA Report to Member) or Explanation of Benefits statement from your insurance carrier. **NOTE: Billing statements and payment receipts from the provider of service are not acceptable.** If you are with **KAISER**, you can attach your co-payment receipts.
3. For reimbursement of prescription drugs, attach copies of insurance payment reports or copies of drug receipts obtained from the pharmacy. Drug receipts must show the patient's name, physician's name, RX number, drug name, date of service and amount of co-payment. **NOTE: Cash register receipts are not acceptable.**
4. All eligible claims **received (not postmarked)** by the last working day of the month will be processed for that month. If your claim is received after the last working day of the month, your claim will be processed for the following month. All reimbursement payments are payable directly to you.
5. **Sign and date the claim form.** Mail completed claim form with all the required documentation to:

ATTN: Claims Dept.
Royal State National Insurance Co., Ltd.
819 S. Beretania Street
Honolulu, HI 96813