



Charter County of Wayne
Department of Management & Budget
Benefits Administration Division
500 Griswold St., Suite 1400
Detroit, MI 48226

Warren C. Evans
County Executive

November 22, 2021

RE: Wayne County TASC Health Reimbursement Account (HRA) plan provider change

In September, you should have received a Notice of Class Action Settlement related to MacDonald class retirees receiving Medicare stipends from Wayne County (the County) and are aware the County has reached an agreement with your retiree group regarding the administration of your TASC Health Reimbursement Account (HRA). Effective January 1, 2022, the TASC plan will change to the Municipal Employees' Retirement System of Michigan (MERS) Health Care Savings Program (HCSP), and all assets will be transferred to MERS.

This letter explains the timeline, actions you can take now, what you can expect moving forward, and the differences between your existing HRA and your new MERS HCSP.

For your convenience, MERS has also created a special website for Wayne County retirees with information, forms, instructions, and copies of all the important information you'll receive. You can visit the website at www.mersofmich.com/WayneCounty.

Upcoming informational meetings

Please plan to attend one of the informational sessions that MERS and Amwins are hosting to learn about the upcoming changes to your account and ask any questions you may have.

Virtual Meeting

Tuesday, November 30, 2021
10:00 a.m. EST

Join online at: <https://amwins.expert/WayneCountyRetiree>

Optional call in number: (844) 613-5261 (Toll-free)
Conference ID: 768 597 832#

In-Person Meetings

In-person meetings will be held at the UAW Local 182 located at
35603 Plymouth Rd, Livonia, MI 48150

Tuesday, December 14, 2021
1:00 p.m. EST

OR

Tuesday, January 11, 2022
1:00 p.m. EST

When is this change happening?

| | |
|------------------------|---|
| First week of December | <ul style="list-style-type: none">The County will deposit the last stipend payment in your TASC account. |
| December 13 | <ul style="list-style-type: none">Blackout period begins. To prepare for this change, your TASC account transactions will no longer be available.Reimbursement requests or TASC debit card charges after this date will be denied.If this occurs, you'll be notified and can resubmit your claim to MERS after the blackout period ends. |
| Mid-December | <ul style="list-style-type: none">MERS will send a welcome letter with information about your account, important next steps, and a guide on how to use your MERS HCSP account. |
| December 20 | <ul style="list-style-type: none">Plan assets will be liquidated and transferred to MERS. |
| End of December | <ul style="list-style-type: none">You'll receive an Alerus Health Benefits Visa Debit Card, which will replace your TASC debit card.After the blackout period ends, you will use your new card to pay for office visits, prescriptions, co-pays, etc. |
| Week of January 2 | <ul style="list-style-type: none">Blackout period ends.You can access your new myMERS account and submit claims. |

IMPORTANT: Be sure to open all mail. You'll receive communications from MERS, Alerus and Wex Health. For your privacy and protection, some items may also be sent in an unmarked envelope.

What actions do you need to take now?

- To expedite processing, you should submit any outstanding claims to TASC prior to the blackout period beginning on December 13.
- Any claims not submitted prior to the blackout period may be submitted to MERS after the blackout period ends and will be processed in January.
- To avoid delays with recurring reimbursements, gather information for 2022 claims such as insurance renewal with monthly premium amount, Social Security statement with Medicare Part B premium, etc.
- Gather beneficiary information (name, address, and Social Security number).

How is the MERS HCSP different from your current HRA?

- You can name primary and contingent beneficiaries to your HCSP account.

expenses on a taxable basis. Beneficiaries can be added or changed via your myMERS account online or by submitting the enclosed HCSP Beneficiary Designation Form. myMERS is an online portal that provides 24/7 access to your HCSP. Watch for more information coming soon on setting up your myMERS account.

- **MERS HCSP allows you to invest your funds.** The first \$1,000 will be deposited into an interest bearing Money Market account. Funds above \$1,000 will be invested in an age appropriate Retirement Strategy (target date fund) and can be changed at any time once enrolled.
- **How else is it different?** As long as the expense happened after your retirement date, claims can be filed at any time. You no longer have to worry about filing claims by the end of the year.
- **Change to billing/reimbursement Amwins Group plan retirees:** Historically, Amwins would send your premium due to TASC and TASC would pay Amwins out of your account directly. Unfortunately, MERS is unable to process payments this way. Instead, Amwins will bill you for the entire premium. Please pay the full premium and then submit for reimbursement to MERS or you can set up an ongoing pay-to-provider option where MERS will send the payment to Amwins.

Who should you contact with questions about your account?

- For questions about your **Wayne County Amwins Group retiree medical insurance** or prescription coverage issued by Transamerica and Express Scripts, you should continue to call 877-847-9906.
- **From now until the end of 2021**, questions about your HRA account balance or claims status should be directed to **TASC Customer Service** at 866-678-8322.
- **Beginning January 1, 2022**, you may direct questions to MERS for assistance with myMERS account access and making account changes such as contact information, adding beneficiaries, or investment changes by contacting the **MERS Service Center** weekdays from 8:30 a.m. – 5:00 p.m. EST at 800-767-MERS (6377).
- **Beginning January 1, 2022**, contact MERS' recordkeeper, **Alerus**, at 866-808-7823 option 3, for help with setting up direct deposit, pay-to-provider, claims eligibility, claims status or questions about previously filed claims.

Thank you for your patience and understanding as we transition the plan to better serve you.

Sincerely,

Wayne County Department of Management and Budget
Benefits and Disability Administration

- You can name primary and contingent beneficiaries to your HCSP account.



Municipal Employees' Retirement System of Michigan
 800.767.MERS (6377)
 www.mersofmich.com

Do this online!
 Log into your myMERS account from www.mersofmich.com

Beneficiary Designation Form – Health Care Savings Program

Please print clearly • See attached guide for details • Retain a copy for your records * Required field

1. Information about you

| | | | |
|------------|-------------|-------------------------|--------------------------------|
| Last name* | First name* | Social Security Number* | Phone number (with area code)* |
|------------|-------------|-------------------------|--------------------------------|

| | | |
|--|--|--|
| Name of employer* Wayne County | Municipality number (4 digits)* 8261 | Plan number (6 digits)* 301675 |
|--|--|--|

2. Spouse information

In this section, you'll identify your spouse (if applicable) who, along with your legal dependents at separation from employment, may use the account on a tax-free basis for reimbursement of medical expenses. At the time of reimbursement, you will validate that the claim is for your spouse or a legal dependent of yours.

In the event of your death, your spouse, and any of your legal dependents who have not attained the IRS' age limit may continue to use the account on a tax-free basis for reimbursement of medical expenses until the account reaches zero balance. If you are not married, but have legal dependents, your account balance will transfer (in equal amounts, if more than one) to their name for continued reimbursement of medical expenses on a tax-free basis until they reach IRS age limitations. At that time, those dependents will convert to named beneficiaries. Access to the account for reimbursement of medical expenses will continue, however, reimbursements will become taxable and a 1099 will be issued to the individual for each tax year they continue to use the account.

| | Name (First, Last) | Date of birth (mm/dd/yyyy) | SSN |
|--------|--------------------|----------------------------|-----|
| Spouse | | | |

3. Beneficiary information

If your account balance exceeds the life of you and your spouse/legal dependents, the remainder will transfer to a named beneficiary who can use the account on a taxable basis for reimbursement of medical expenses. You may name one or more individual(s) as Primary Beneficiary and one or more as Contingent (cannot be a Trust). If you die without a spouse, legal dependent, or a named beneficiary, the representative of your estate may name a beneficiary who may use the remainder of your account for medical expenses on a taxable basis. In this case, if your estate does not contact MERS within one year of your death, any account balance will revert to the employer's Trust.

Primary Beneficiary – NOT your spouse or legal dependents

| Name of Primary Beneficiary* (Spouse, if applicable) | Relationship* | Social Security Number* | Date of birth (mm/dd/yyyy) | Percentage* |
|---|---------------|-------------------------|----------------------------|-------------|
| | | | | |
| | | | | |

If you want to add more beneficiaries, please attach a separate list that you have signed and dated. Must equal 100%

Contingent Beneficiary – NOT your spouse or legal dependents

| Name of Contingent Beneficiary* | Relationship* | Social Security Number* | Date of birth (mm/dd/yyyy) | Percentage* |
|---------------------------------|---------------|-------------------------|----------------------------|-------------|
| | | | | |
| | | | | |

If you want to add more beneficiaries, please attach a separate list that you have signed and dated. Must equal 100%

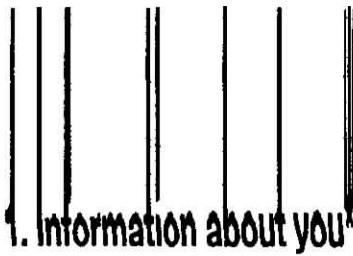
4. Required signature

I have completed, understand, and agree to all pages of this *Beneficiary Designation Form* and guide. I hereby revoke all prior

Step-by-Step Guide to Completing the Beneficiary Designation Form – Health Care Savings Program

This form is available for download at www.mersofmich.com, or through your myMERS account.

Please print clearly. Fields with an asterisk (*) are required fields and must be completed to submit the form accurately.



1. Information about you*

If you are completing this form for the first time or have made recent changes to your personal information, please be sure to complete the Personal Information Form (MD-001). You can download the form at www.mersofmich.com or call 800.767.6377 to have a form mailed to you.

2. Spouse information

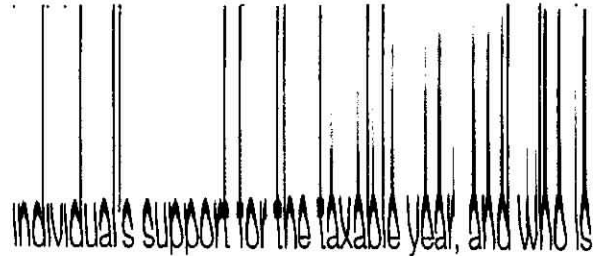
In this section, you'll identify your spouse who, along with your legal dependents at separation from employment, may use the account on a tax-free basis for reimbursement of medical expenses. At the time of reimbursement, you will validate that the claim is for your spouse or a legal dependent of yours.

In the event of your death, your spouse, and any of your legal dependents who have not attained the IRS' age limit may continue to use the account on a tax-free basis for reimbursement of medical expenses until the account reaches zero balance. If you are not married, but have legal dependents, your account balance will transfer (in equal amounts, if more than one) to their name for continued reimbursement of medical expenses on a tax-free basis until they reach IRS age limitations. At that time, those dependents will convert to named beneficiaries. Access to the account for reimbursement of medical expenses will continue, however, reimbursements will become taxable and a 1099 will be issued to the individual for each tax year they continue to use the account.

Definition of a Dependent

For purposes of the Health Care Savings Program, the Internal Revenue Code defines "legal dependent" in Section 105(b) as:

- Any child (natural born child, stepchild or foster child) of the taxpayer who, as of the end of the taxable year, has not attained age 27;
- A child (as defined above), brother, sister, stepbrother, stepsister, parent, any of the above referenced relations via marriage, stepparent, grandchild, grandparent, aunt, uncle, or cousin of the participant for whom the participant provides over one-half of the individual's support for the taxable year, and who is not a qualifying child of any other taxpayer during the taxable year; or



3. Beneficiary information

not a qualifying child of any other taxpayer during the taxable year.

Please contact MERS if you have a non-child dependent, as special rules may apply.

3. Beneficiary information

At the time of your death, if you have no spouse or legal dependent(s), or in the event of the death of your spouse or legal dependent(s), a primary and contingent beneficiary can be named. A beneficiary must be an individual and not your estate or trust. You may view your beneficiary information by logging into your myMERS account at www.mersofmich.com.

Primary Beneficiary(ies) – In the event of your death and there is no spouse or legal dependant(s), a Primary Beneficiary may use the account for taxable medical expense reimbursements.

Contingent Beneficiary(ies) – In the event of your death and there is no Primary Beneficiary or after the death of your Primary Beneficiary, a Contingent Beneficiary may use the account for taxable medical expense reimbursements.

4. Required signature*

Your signature acknowledges that you have read and agree to the terms of this agreement. Your signature voids all prior designations beneficiaries.

You can submit this form online!



If you already have a myMERS account, you can also upload this form online. Look for the **File Upload** feature to easily and securely submit completed forms.

You may also mail completed form to MERS' recordkeeper at:

Alerus Retirement Solutions
P.O. Box 64535
St. Paul, MN 55164

- You can name primary and contingent beneficiaries to your HCSP account.



Alerus Retirement and Benefits
 PO Box 64535 • St. Paul, MN 55164-0535
 866.808.7823 (option 3)
 www.mersofmich.com

Health Care Savings Program Reimbursement Claim Form

Please print clearly • See attached guide for details • Retain a copy for your records

Submit Your Reimbursement Electronically

1. Upload your Reimbursement Claim Form to the Claims Management Portal in your myMERS account.
2. Download the Alerus Health Benefits app and attach your receipt using your mobile device's camera.

1. Information about you

| | | | |
|------------|-------------|-------------------------|--------------------------------|
| Last name* | First name* | Social Security Number* | Phone number (with area code)* |
|------------|-------------|-------------------------|--------------------------------|

Name of employer*

Wayne County –Municipality #8261; Plan # 301675

2. Reimbursement/payment election

To receive reimbursement, participant must list expenses in the table below and attach a copy of the third party receipt, bill, or a statement showing amount(s) as proof of costs incurred. This third party receipt **must** show expense that has been paid. Expenses may **not** be those covered by insurance.

| Medical Expenses Date(s) Provided | Expense (Co-pays, Rx, Dentist, etc.) | Provided to (Name, relationship) | Amount | Total |
|--------------------------------------|--|-------------------------------------|--------------------|-------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| Attach additional forms if needed | | | Claim Total | \$ |

3. Claimant's certification and signature

1. I certify that all expenses for which reimbursement of payment is claimed by submission of this form were incurred either by me or by my dependent(s)
2. I certify that the medical expenses incurred by me or by my dependent(s) are "qualifying expenses" as defined by the Internal Revenue Code, Section 213(d). I understand that if these medical expenses are deemed not to be qualified medical expenses, I may be liable for payment of all related taxes on amounts paid by the Plan related to such unqualified expenses.
3. I certify that the medical expenses claimed have not been reimbursed or cannot be reimbursed under any other health plan coverage.
4. I take full responsibility for the accuracy and veracity of all the information I have provided. I certify I am entitled to these benefits.
5. I understand that all reimbursements are made by Direct Deposit from MERS HCSP and must go into the same account.

Signature of member*

Date (mm/dd/yyyy)*

* Required field

Step-by-Step Guide to Completing the Health Care Savings Program Reimbursement Claim Form

This form is available for download at www.mersofmich.com.

Please print clearly. Fields with an asterisk (*) are required fields and must be completed to submit the form accurately.

1. Information about you*

This section gathers basic information about you – your legal name, Social Security Number, phone number, and the name of the MERS employer under which this Health Care Savings Program was installed.

If you have made changes to your personal information, please be sure to update your MERS record by logging into your account at mymers.mersofmich.com or by completing the *Personal Information Form* (MD-001). You can download the form at www.mersofmich.com or call 800.767.MERS (6377) to have a form mailed to you.

2. Reimbursement/payment election

In this section, please list the details of your expenses (insurance premiums, medical expenses, etc.) in the table provided and attach a copy of the third party receipt, bill, or statement as proof of costs incurred.

For a comprehensive list of eligible Health Care Savings Program reimbursements, visit www.mersofmich.com/hcsp or the myMERS Member Portal.

3. Claimant's certification and signature*

Your signature certifies that you're claiming expenses that qualify, and have read and understand the terms of reimbursement.

Please sign and date the form.

Submitting this form:

Please mail completed form to:

Alerus Retirement and Benefits
ATTN: Health Benefits Department
PO Box 64535
St. Paul, MN 55164-0535

Questions? Please contact us at 866.808.7823 (option 3).

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- You can name primary and contingent beneficiaries to your HCSP account.