

Travel and lodging expenses are covered under your employer group health plan ("Plan") when necessary to obtain any type of care covered by the Plan, to the extent such care is not available from any provider or facility within the geographic area specified in your Plan's Summary Plan Description. Please note that coverage of travel and lodging expenses will be limited to the closest provider or facility capable of providing the service(s) at issue. Additionally, coverage of travel and lodging expenses will only be provided in connection with obtaining services that are lawfully provided in the jurisdiction where such services are performed.

Travel shall be reimbursed between the patient's home and the provider or facility for round trip (air, train or bus) transportation costs, including local transportation (such as taxi, rideshare, or public transit) when required. Only transportation costs that are reasonable in amount (for example, coach class only) will be covered. If traveling by auto to the facility, reasonable mileage, parking and toll costs are reimbursed. Reasonable mileage reimbursement shall be limited to the tax-free cap authorized by the Federal government for medical travel, as adjusted (up or down) for inflation, unless specifically stated otherwise within your Plan's Summary Plan Description. Please consult your Plan's Summary Plan Description for additional detail.

Third-party documentation, such as receipts, must be provided to substantiate any claimed reimbursement of travel and lodging expenses.

Reimbursement Request Submission:

Please submit this document and copies of all related receipts to the address below. Please allow 30-45 days for processing.

- Fax: 312-416-2859 OR;
- Email to TravelandLodge@alliedbenefit.com

Member Information:

Member:	UID:	
Group Name:	Group ID Numl	ber:

Requirements for Reimbursement:

- Please <u>retain a copy</u> of all receipts and forms submitted for your own record.
- A legible receipt <u>must</u> be provided for each charge with the service provider name, date, and totals visible. Credit card statements will <u>not</u> be accepted.
- Receipts with charges not eligible under the benefit <u>must</u> include a reference to which charges are being requested for consideration.
- Taxes on purchases are <u>not</u> reimbursable.
- For reimbursement, this form <u>must</u> be filled out in its entirety. Failure to comply may result in denial of reimbursement request.



Date Range(s) for Reimbursement: From:	To:
Hotel / Accommodation Charges Only:	

Service Provider	Date	Charge Subtotal (Without Tax)	Justification



Date Range(s) for Reimbursemen	t: <i>From:</i>	To:
Mileage Charges Only:		
Address Traveled From	Address Traveled To	Estimated Mileage
Justification for Travel Above:		
Address Traveled From	Address Traveled To	Estimated Mileage
Justification for Travel Above:		
Address Traveled From	Address Traveled To	Estimated Mileage
Justification for Travel Above:		
Address Traveled From	Address Traveled To	Estimated Mileage
Justification for Travel Above:		
Address Traveled From	Address Traveled To	Estimated Mileage
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Justification for Travel Above:		
Address Traveled From	Address Traveled To	Estimated Mileage
Address Traveled From	Address Traveled To	Estimated willeage
Justification for Travel Above:		
Address Traveled From	Address Traveled To	Estimated Mileage
Justification for Travel Above:		
Justification for Travel Above:		



Frequently Asked Questions:

How will I receive my reimbursement?

A check will be mailed to the address Allied has in its records. The amount of the check may appear in your Alliedbenefit.com account up to two weeks prior to the mailing of the check.

What items are not covered under the travel and lodge benefit?

The following are not covered and will not be reimbursed:

Alcohol • Car rental • Tobacco • Valet Parking • Limo service • Wi-Fi • Spa • Unclear receipts • Laundry service/supplies: • Gym fees/exercise room • Entertainment (movies or rentals, museum visits, added mileage for sightseeing, compact discs, games, etc.) • Clothing, robes, shoes or slippers • Groceries and food (grocery stores, Walmart, K-Mart, Target, etc.) • Parking fees other than at hotel/motel or hospital • Expenses for persons other than the patient and his/her covered companion(s) or caregiver(s) • Expenses for lodging when patient or companion stays with a relative or friend • Paper products (paper plates, paper towels) • Personal hygiene items (toothbrush, deodorant, etc.) • Personal service (childcare, house sitting, kennel care, etc.) • Souvenirs (T-shirts, sweatshirts, toys, etc.) • Telephone bills, calls, phone cards • Incidental fees beyond room charges • Any other service not related to travel or lodging

Who do I contact with additional questions?

If you are assigned a Case Manager through Allied Care, you can direct any questions to the case manager. Alternatively, you can call into the Allied Customer Service number on your ID card.

Can I provide a copy of a digital receipt?

Yes, electronic receipts can be provided in lieu of paper.

^{*}The above list is not an exhaustive list.