

Instructions: How to submit an online reimbursement claim with TIAA/Connect Your Care

New Account Users

You'll find everything you need to manage your account at www.TIAA.org. The website allows you to view your account balance, transfer funds within accounts, change the allocation of future contributions, update your personal information, review investment performance information and access your statements. Plus, you can sign up to receive information electronically.

Navigating to the Connect Your Care Claim Center:

Your online account puts everything you need to manage your funds at your fingertips.

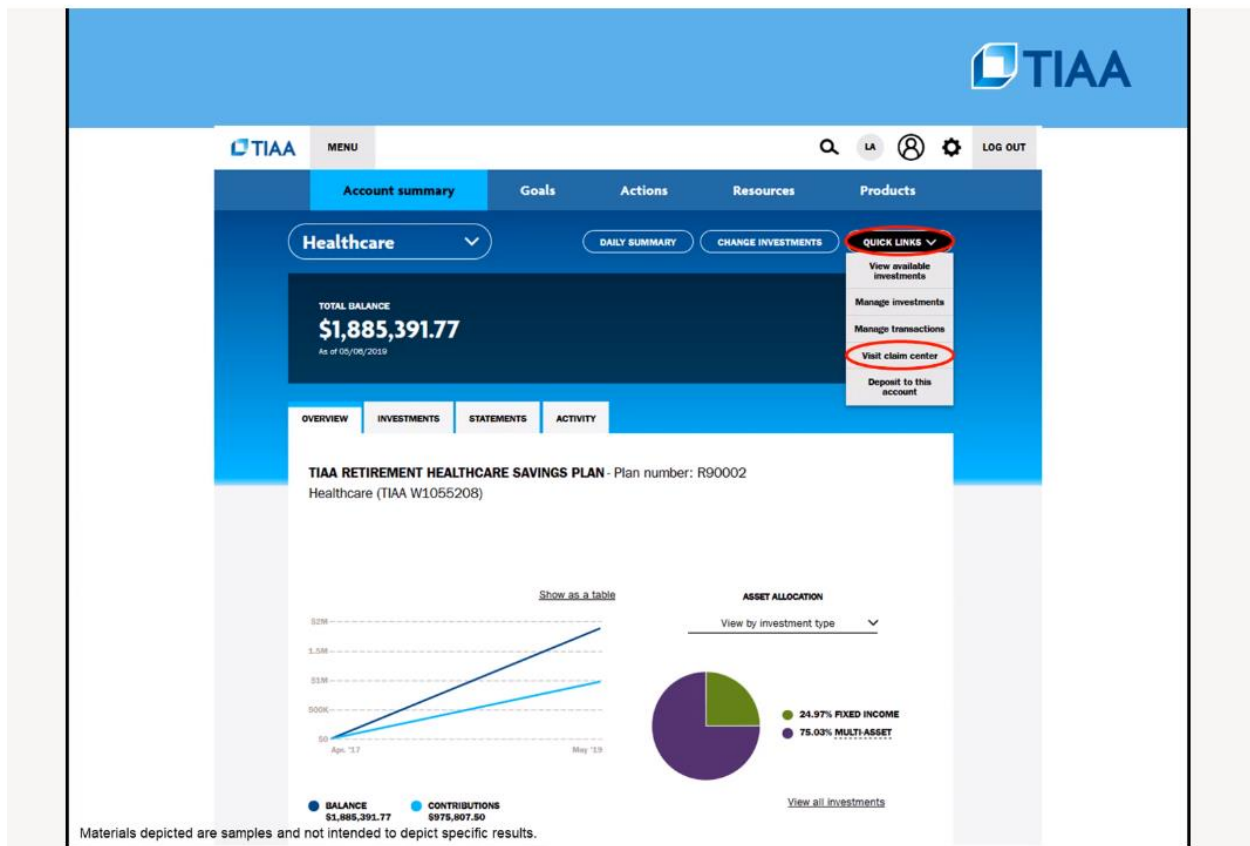
- Go to TIAA.org and log-in (or create a log-in using “new user access”)
- Once you are logged in to the secure site, find your “**Retirement Healthcare**” Account. You may need to scroll down.
- Click on the → (arrow button) next to the words “**Retirement Healthcare**”

The screenshot displays the TIAA website interface. At the top right is the TIAA logo. Below it is a navigation bar with 'MENU', a search icon, a user profile icon labeled 'LA', a settings gear, and 'LOG OUT'. The main content area has a blue header with 'Account summary', 'Goals', 'Actions', 'Resources', and 'Products'. Below this, a personalized greeting says 'Good afternoon, Laurel' with a note 'You last logged in on May 07, 2019'. A large dark blue box shows the 'TOTAL BALANCE' as '\$2,401,014.42' as of '05/06/2019'. Below this is the 'Accounts' section, which states 'We display the most recent available balances.' and includes a 'Customize' gear icon. A table lists accounts:

Account Type	Balance
Retirement	\$515,622.65 <small>-\$59,711.09 SINCE 03/31/2019</small>
Other TIAA products	\$1,885,391.77
Healthcare	\$1,885,391.77 →
Outside accounts in 360° Financial View	
Open a new account	→

Materials depicted are samples and not intended to depict specific results.

- Click on the drop-down [Quick Links] button on your account and choose “Visit Claim Center”.



Online Claim Submission:

The process to create automatic recurring monthly reimbursements is detailed below. Documentation must be provided for the first claim and, after approval, the system will auto substantiate and reimburse based on the pay schedule.

- 1) Create a new reimbursement request in the portal by clicking the ‘Reimburse Myself’ tab at the top of the screen.



Washington and Lee University Retiree RMSA

BALANCE		I Want To...
\$1,103.85	Last Day to Incur N/A	Last Day to Submit Requests N/A
		More actions... <input type="checkbox"/>

2) Enter claim details as prompted:

Service Date: The day that the premium is taken from your bank account.

****OPTIONAL:** If you wish to have your reimbursement sent directly to your bank account you need to click "Set up Direct Deposit" now.

✕
Close

Reimburse Myself



ENTER DETAILS

SERVICE DATE
01/01/2020

REIMBURSEMENT AMOUNT

\$ Your Amount Here

SERVICE FOR

Your Name (Default) ▼

SERVICE TYPE

Health Insurance Premiums ▼

[Add Dependent](#)

VENDOR/PROVIDER

Name of Insurance Company

DESCRIPTION

Medicare Supplemental Insurance

PAY TO

Reimbursement will be sent to:

Your Name

Your Address

[Set up Direct Deposit](#)

Update Date of Service

Cancel

Continue

3) Review Screen:

Double check that everything has been entered correctly.

✕
Close

Reimburse Myself



REVIEW CLAIM DETAILS

SERVICE DATE
01/01/2020

SERVICE FOR
Your Name

REIMBURSEMENT AMOUNT
Your Monthly
Premium Amount

VENDOR/PROVIDER
Name of Insurance Company

PAYMENT WILL BE SENT TO
Your Name

SERVICE TYPE
Health Insurance Premiums

DESCRIPTION
Medicare Supplemental
Insurance

Edit Claim Detail

Cancel


Continue

4) Documentation Screen:


Upload documentation now or choose a method to supply documentation (fax or mail)


*****PREFERRED DOCUMENTATION for Medicare Premium claims: a copy of the "Change Notification" letter sent by your insurance company + proof of payment (ex. a copy of your bank statement showing the monthly premium being deducted from your account or a cancelled check.)**

Reimburse Myself



DOCUMENTATION

 Documentation is required for this claim

 **Important information for claims requiring documentation:** Before your claim can be paid, supporting documentation is required to make sure that it is allowable under your policy's rules and government guidelines.

[What is acceptable documentation?](#)

Upload Online - Easy! Browse and upload image files from your computer.

To upload documents, click on the "Upload Documentation" button, then browse to select a document from your computer. After the document is uploaded, you may repeat as many times as needed.

- Acceptable file types include: pdf, jpg, jpeg, gif, png, tif and bmp.
- Please make sure your file is smaller than 6MB (6,000 KB). Helpful hint: If a scanned file is too large you can shrink the file size by lowering the scanner's resolution to 300 dpi and scanning in a grayscale or black and white.

[What is acceptable documentation?](#)

Upload Documentation

Fax - Print a claim Form and fax supporting documentation.

Not Now - I will submit documentation later. The claim cannot be reviewed for payment until documentation is submitted.


Tip: Use the upload option for fastest claim processing.

5) Set Automatically Recurring Claim Schedule (for Premium Reimbursements):

Click 'Set claim to repeat on a schedule' and complete the process of creating a claim schedule

Reimburse Myself Close

✓ — ✓ — ✓ — ✓

 This claim has been submitted for processing.

CLAIM DETAILS

SERVICE DATE	SERVICE FOR	REIMBURSEMENT AMOUNT	VENDOR/PROVIDER	PAYMENT WILL BE SENT TO
01/01/2020	Your Name	Your Monthly Premium Amount	Name of Insurance Company	Your Name Your Address

SERVICE TYPE	DESCRIPTION
Health Insurance Premiums	Medicare Supplemental Insurance

[Create a New Reimbursement](#) [Set claim to repeat on a schedule](#)

[Go Home](#) [View All Claims](#)

6)

Create a Claim Schedule



ENTER CLAIM DETAILS

CLAIM AMOUNT*

Your Monthly
Premium Amount

SERVICE FOR

Your Name (Default)

SERVICE TYPE*

Health Insurance Premiums

VENDOR/PROVIDER*

Name of Insurance Company

DESCRIPTION

PAY TO*

Your Name (Check)

Pay To Information

Check Written To: Your Name
Address1: Your Address
City, State Zip: Your Address

[Edit Payee](#)

ENTER SCHEDULE DETAILS

TYPE

Recurring One Time

FREQUENCY

Monthly

ON*

Select Day of Month

START DATE*

MM/DD/YYYY

END DATE*

12/31/2020

The day of the month that your premiums are paid out of your checking account

As soon as possible

Cancel

Continue

- The recurring payment schedule expires at the end of each calendar year, at which time, a new schedule with supporting documentation will need to be established for the upcoming year.
- Documentation detailing the monthly premium cost along with proof of payment for the first claim will only need to be provided once, unless there is a change in the reimbursement amount.