IBM

Life Planning Account Reimbursement Request Form

This form is used to submit reimbursement requests for the Life Planning Account. Parts I–IV are to be completed by an eligible retiree (retired on or before December 31, 2003) or the surviving spouse of an eligible retiree. NOTE: Participants on Long-Term Disability (LTD) are eligible for the LPA only if they were covered by LTD on or before December 31, 2003.

Note: Request must be postmarked or faxed by April 30 of the year following the calendar year in which you incur a reimbursable expense.

Reimbursement services provided by Acclaris

Send completed forms to: Acclaris Reimbursement Center PO Box 25171 Lehigh Valley, PA 18002-5171	Inquiries: 1-888-880-2775, 1-877-314-2240(TTY) Online: www.acclarisonline.com
Fax completed forms to: 1-813-830-7900	

Part I: General Information (Please Print)

Retiree/Surviving Spouse Name (Last, First MI)	Social Security Number	IBM Serial Number

Other Coverage: If any of the charges submitted with this request were reimbursed by another source, attach a copy of the other plan's payment or explanation of benefits.

Part II: Life Planning Account Reimbursement Request

Health Education and Fitness Program

Request is for: π Self π Spouse π Domestic Partner π Dependent

Request is for: π Health Education π Fitness – Cardiovascular, Flexibility, Strength Training π Weight Control π Other*

Specific Program Name:_____ LPA Account Year** _____

Health Education & Fitness Program Eligibility Checklist:

Only certain types of Health Education and Fitness Programs are eligible for reimbursement under the LPA. To ensure that your request qualifies, you must answer the following questions. **You must complete the checklist or your request will not be paid.** (See p. 2 for details.)

1.	Did you regularly participate for at least 8 consecutive weeks, or in multiple programs totaling 8 weeks with no more than 30 days between each program?	π Yes π No	6.	Was the program martial arts, combat techniques, or self defense?	π Yes π No
2.	Was the program recreational?	π Yes π No	7.	Is the claim for personal trainer fees?	π Yes π No
3.	Was the program instructional (i.e., golf lessons)?	π Yes π No	8.	Is the claim for dietician fees?	π Yes π No
4.	Did the program involve physical contact (i.e., boxing)?	π Yes π No	9.	Is the claim for fitness equipment or supplies?	π Yes π No
5.	Did the program involve individual or team competition?	π Yes π No	10.	Is the claim for food, food supplements, or vitamins?	π Yes π No

*See "About Your Benefits – Post Employment" books for specifics on eligible Health Education & Fitness Programs.

** Please insert the plan year for which you are requesting reimbursement Total Requested:_____

Personal Financial Planning

Date of Service: _____

π .Name of Certified Financial Planner Type of Financial Service:_____

Total Requested:_____

IBM Long-Term Care Insurance Premiums *(administered by John Hancock only)*

π Self 20% of John Hancock Total Premium:_____

π Spouse 20% of John Hancock Total Premium:_____

π Domestic Partner 20% of John Hancock Total Premium:_____

Total Requested:_____

Bone Marrow Typing and Registration

Date: _____ Total Requested:_____

Total Requested Amount $.

Part III: I certify that the information above and submitted with this form is accurate.

I authorize release of any information relating to this claim to IBM, its contract administrators, or their representatives, as necessary to determine the validity or amount payable on account of this claim. I agree that IBM's contract administrators may release to IBM, or any contract administrator designated by IBM, upon IBM's request, any records and information in its possession in connection with this claim. A photo copy of this authorization shall be as effective as the original.

I understand that if I file or authorize another to file a claim knowing that:

1. A provider has waived part or all of a fee or other charge listed in the claim; or
2. The claim contains false, deceptive or misleading information or a deceptive or misleading omission, then I may be subject to dismissal, loss of eligibility under the plan and/or criminal prosecution.

Part IV: Reimbursement for Overpayment

I hereby agree to notify IBM and to reimburse promptly if I become aware of any overpayment of this claim; and to reimburse IBM for any amount by which a claim payment is finally determined to have exceeded the applicable benefit.

Only a LTD employee, retiree or eligible surviving spouse is authorized to sign this form.	**Signature:**	**Date:**

How to Submit a Request for Reimbursement

Complete Parts I–IV on the front of this from. Send the completed form and supporting material to the address shown. Supporting documentation includes bills and proof of payment.

Make sure bills are accurate, legible, and contain the required information. Keep a copy of the form and supporting material for your records. Copies of submissions will not be provided.

Forms must be postmarked or faxed by April 30 of the year following the calendar year in which you incur a reimbursable expense. Reimbursements can be made only to the employee, retiree, or eligible surviving spouse. Assignment of benefits is not permitted.

Be sure form is **completed in full and all supporting materials attached, signed, and dated.** Incomplete or improperly completed submissions will be denied for correction and resubmission.

Health Education & Fitness Programs

For reimbursement of Health Education & Fitness Programs, bills must be submitted after the program is completed and should include a proof of payment. A canceled check (front and back), credit card receipt, or cash payment receipt can be included as the proof of payment. Cash payment receipts must show the organization's letterhead and signature from the provider.

Health Education & Fitness Program Eligibility Checklist

Only certain types of Health Education and Fitness Programs are eligible for reimbursement. These include cancer prevention programs, cardiovascular fitness, CPR and first aid training, nutritional counseling, and similar programs. Expenses associated with recreational and team sports, self-defense training, personal trainer fees, or fitness equipment are not reimbursable. For guidelines regarding eligible programs under the Life Planning Account, see "About Your Benefits – Work and Personal Life Balancing" (found on You and IBM) or "About Your Benefits – Post Employment."

To ensure that your Health Education and Fitness program expenses are eligible for reimbursement, you must answer "yes" to Question 1 and "no" to Questions 2–10 in the checklist on p. 1. **You must complete the checklist or your reimbursement will not be paid.**

Personal Financial Planning

For reimbursement on Personal Financial Planning services, attach a copy of the bill/invoice from a certified financial planner, along with proof of payment The bill must state the specific financial planning service received.

Eligible Financial Plans

- Comprehensive Planning
- Estate Planning
- Financial Position
- Investment Planning
- Asset Allocation
- Retirement Planning
- Retirement Income Strategies
- Income Tax Planning

IBM Long-Term Care Insurance Program Premium Reimbursement

Premiums for IBM Long-Term Care Insurance coverage in a given calendar year are eligible for reimbursement only from the Life Planning Account of the same year. For example, premiums paid for 2005 coverage can be reimbursed only from your 2005 Life Planning Account.

Attach the annual summary statement you receive from John Hancock Mutual Life Insurance Company indicating the premiums you and/or your spouse paid for coverage. These are issued in the first quarter of the following calendar year. Benefits will be paid at 20 percent of the premiums, subject to the same annual benefit maximum that applies to other Life Planning Account reimbursements.

If you have questions regarding your John Hancock account or need copy of the annual summary statement, please contact John Hancock at 1-800-255-8991.

Bone Marrow Typing and Registration

IBM will reimburse you for the cost (up to the $250.00 annual maximum) of tissue typing a blood sample for marrow donation. For reimbursement, attach the bill to this form with proof of payment.

Payment of Reimbursements

Reimbursements are processed daily. Reimbursements will be made based on your employment status (see below):

- All eligible individuals (e.g., retirees/surviving spouses and employees on leave of absence without pay) will receive reimbursement from the Acclaris Reimbursement Center, within 10 business days of the process date.

If you have any questions regarding eligibility, please contact the IBM Employee Services Center at 1-800-796-9876 (TTY: 1-800-426-6537).

Account Inquiry

Customer Service Representatives are available at 1-888-880-2775 (TTY: 1-877-314-2240), 8:00 A.M. to 8:00 P.M. EST. Monday through Friday, except holidays.

The Life Planning Account is administered on a calendar year basis. Expenses incurred in a given calendar year are subject to the $250 annual benefit maximum for that year. Any unused benefit allowance or expense incurred in one year cannot be carried over to a later year.

Benefits paid under the Life Planning Account are subject to federal, state, and local taxes, as appropriate.