

Deductible & Out of Pocket
Credit Form

DATE (mm/dd/yyyy)	GROUP EFFECTIVE DATE	GROUP NUMBER	MEMBER ID NUMBER
COMPANY NAME			
MEMBER NAME FILLING OUT FORM (please print)			

Please return to:
Vimly Benefit Solutions
12121 Harbour Reach Dr.,
Suite 105
Mukilteo, WA 98275
ATTN: WTIA Deductible/
OOP Credit
Email: wtia@vimly.com

- **A FULLY COMPLETED DEDUCTIBLE & OUT OF POCKET (OOP) CREDIT FORM MUST BE RECEIVED BEFORE CREDIT CAN BE APPLIED TO YOUR NEW PLAN. *OOP CREDIT INCLUDES DEDUCTIBLE, COINSURANCE, MEDICAL & RX COPAYS.**
- Appropriate documentation is required to process your credit information. Please attach a copy of an Explanation of Benefits (EOB) from your previous carrier. This EOB should list deductible and OOP dollars for each family member separately, illustrating previous deductible and OOP credit satisfied. Or, you may provide us with a report from your prior carrier that contains the following information: prior carrier name, member name member date of birth, and amount of medical deductible and OOP satisfied for the current calendar year for each family member.
- Once UnitedHealthcare (UHC) receives your EOB documents, please allow 10 business days for processing.
- If the applied credits result in an excess deductible or out of pocket maximum under your new plan, UHC will send you a refund for that overage amount.
- Refund checks are typically received approximately 20 business days after the credits were applied. It is important we have your proper address on file for delivery.

Year dollars were incurred	Last 4 of Subscriber SSN	Subscriber/ Employee Last Name	Member Name	Relationship (Employee, Spouse, Child)	DOB	Individual Deductible	Individual Out of Pocket*

I certify that the expense information I have provided is true and complete. I have attached the required credit documentation for each member listed on this form.

REQUESTOR SIGNATURE: X