

**AMENDMENT NO. 15  
TO THE  
MEDICAL EXPENSE REIMBURSEMENT PLAN  
OF THE  
HEALTH PROFESSIONALS AND ALLIED EMPLOYEES,  
AFT/AFL-CIO RETIREE MEDICAL TRUST**

The Board of Trustees of the Health Professionals and Allied Employees, AFT/AFL-CIO, Retiree Medical Trust (the "Trust") does hereby amend the Medical Expense Reimbursement Plan, restated effective July 1, 2019 (Dr. 03/19/19), and as amended thereafter (the "Plan"), as follows:

**1. Documentation for Monthly Verification of Premium Reimbursement Claims.** New Subsections 3.6(a) and 3.6(c) are added in place of that language to provide a comprehensive explanation of the premium documentation process. Former Subsection (d) is renumbered as Subsection (b), and in order to group all documentation requirements together, former Subsection (b) is renumbered as Subsection (d). Former Subsection (c) is renumbered as Subsection (e). All remaining subsections of 3.6 are renumbered and references modified throughout the Plan accordingly. This Amendment is effective January 1, 2022. Subsections 3.6(a) and 3.6(c) are revised to:

"(a) To make a claim for Plan benefits, Beneficiaries must present independent documentation of the following to the Trust Office:

- (1) the date the medical services or supplies were provided (which date must be prior to submission of the claim), or the dates of coverage for insurance premium;
- (2) the medical services or supplies, as defined in Section 1.8(b) hereof, or insurance premiums, as defined in Section 1.8(a) or (c) hereof; and
- (3) the Beneficiary's payment of the Covered Expenses.

Along with the above documentation, Beneficiaries must submit a completed claim form, approved by the Trustees, to the Trust Office. Prior to issuing payment, the Trust Office shall review such documentation and claim form and determine whether to grant or deny coverage under the Plan. Documentation must be submitted for each medical expense reimbursement claim under Section 1.8(b) hereof. See Section 3.6(c) below for frequency of documentation of recurring premium claims under Sections 1.8(a) and (c)."

"(c) Documentation for Reimbursement of Recurring Monthly Premiums. For reimbursement of recurring monthly premium payments:

(1) At least annually, the Beneficiary must submit to the Trust Office the completed claim form, signed by the Beneficiary, and documentation that satisfies the requirements of Subsection 3.6(a).

(2) For each monthly premium reimbursed, except Medicare premiums reimbursed pursuant to Subsection (3) below, the Trust Office must receive documentation that satisfies the requirements of Subsection 3.6(b) showing proof of the Beneficiary's payment of the same monthly premium that

the Beneficiary claimed and documented pursuant to the annual documentation requirements in Subsection (1) above.

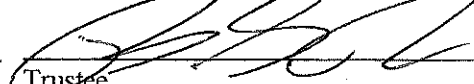
(3) For reimbursement of recurring monthly Medicare premiums, the Trust Office must receive at least once a year, and upon request, the completed and signed claim form of the Trust and the Beneficiary's annual Social Security Administration statement showing the amounts deducted from the Beneficiary's social security payments, or otherwise paid by the Beneficiary, for Medicare premiums."

Approved by the Board of Trustees on October 3, 2022, and effective as stated above.

**For the BOARD OF TRUSTEES,  
Health Professionals and Allied Employees, AFT/AFL-CIO, Retiree Medical Trust**

  
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Trustee

*Michael Slott*  
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Print Name

  
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Trustee

*Roy Park*  
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Print Name