



Deductible Credit Request Form - Trinet

If you had deductible expenses from your previous health plan from dates of service that fall within your current plan year with Trinet, Tufts Health Plan will credit this deductible to your new Trinet plan deductible. Please note that this only applies to deductible applied at the in-network level and does not apply to copayments or coinsurance that you may have paid while covered on your previous group.

To obtain your deductible credit, you will need:

- A completed and signed copy of this Deductible Credit Request Form for all covered members on your plan.
- A claim history report showing the in network deductible applied on claims in the current plan year or Explanation of Benefits statements from your previous group showing the amount you and/or your dependents have accumulated toward your in network deductible in the current plan year.

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|---------------------------|---------------------------------------------|----------------|--------------------------------|
| Subscriber/Employee Name: | Tufts Health Plan Subscriber/ Employee ID # | Date Of Birth: | Amount Paid Toward Deductible: |
| Member Name: | Tufts Health Plan Member ID #: | Date Of Birth: | Amount Paid Toward Deductible: |
| Member Name: | Tufts Health Plan Member ID #: | Date Of Birth: | Amount Paid Toward Deductible: |
| Member Name: | Tufts Health Plan Member ID #: | Date Of Birth: | Amount Paid Toward Deductible: |

(If additional lines are needed, please attach a second form.)

This section only applies if you were previously enrolled in a HDHP. By signing this form below, I attest that my previous coverage with _____ (carrier name) was a high deductible health plan as described in IRS publication 969 (<http://www.irs.gov/pub/irs-pdf/p969.pdf>). HDHP credits apply only to individuals who were previously enrolled in a HDHP Plan. If you have questions about whether your previous plan was a HDHP, please contact your employer/former employer.

Please allow 2 to 4 weeks for credits to be applied to your deductible. **Please Note that we must receive this completed, signed form along with corresponding claims documentation from your previous group plan within 60 days of the effective date of your new group in order to process.**

Signature: _____ Date: _____

Please e-mail the requested information to:

CommercialDeductibleCreditRequests@point32health.org

You can view your deductible accumulation and other benefits and claim information by creating an account at mytuftshealthplan.com.

Through your account, you will be able to see when the credit has been applied to your total accumulation.