



## Help with your Hospital Confinement claim

**O**ne of the Mutual Benefit Association's most popular products offered to NALC members and their families is the Hospital Confinement Plan. This plan covers NALC members, their spouses and dependent children. With an MBA Hospital Confinement Plan, a daily cash benefit is paid for each day that you or a covered family member is hospitalized due to illness or injury. The plan offers a daily benefit paid directly to the member. Benefit amounts are \$30, \$50, \$75 or \$100 per day. The daily benefit is the same amount for the NALC member (the insured) and the spouse. A covered child's daily benefit amount is 60 percent of the insured's daily benefit.

A covered child means an insured's unmarried legal child who is: a) under 19 years of age and living with the insured, or b) between 19 and 23 years of age and a full-time student at a regular educational institution. A covered child may include an adopted child or a stepchild of the insured.

Since this plan is one of MBA's popular plans, this article is dedicated to helping members who own a Hospital Confinement Plan understand how to complete their Hospital Confinement Insurance Claim Form. Completing this information properly assists the MBA analyst in processing the member's claim as expeditiously as possible. This means that the member can quickly enjoy the benefits of his or her plan.

**An informational instruction sheet is included with every Hospital Confinement Insurance Claim Form.** The claim form and instructions also can be downloaded from the NALC website. There are six specific questions that must be fully completed to avoid delays:

1. The general information, which includes the name, address, policy number, security number, branch number and a phone number of the member.
2. The patient information, including the birthday and the relationship to the member; if the member is the patient, this should be indicated in the relationship area on the form.
3. The treating hospital information. This area must be completed with the name and address of the hospital where the individual was admitted; the admission date(s)

and the actual discharge date should be entered on the claim form. Verification of the hospital stay must be included with the claim form when mailed back to MBA.

Proof of hospitalization must be in the form of one of the following:

- An itemized bill on the hospital's letterhead;
  - A letter from the hospital (on the hospital's letterhead) including the admission and discharge dates along with the signature and title of the hospital's representative;
  - A UB-92, HCFA-14 50 or UB-04 hospital statement;
  - An NALC Health Benefit Plan Explanation of Benefits (EOB) form.
4. The name, address and telephone number of the physician ordering the hospital stay. (This includes orders from an emergency room physician.)
  5. The diagnosed nature of the illness. The Hospital Confinement Policy will pay the daily benefit to an insured for up to 365 days for any one confinement due to each illness or injury.
  6. Information about any previous treating physician(s) of diagnosed condition.

The signature area of this form can be confusing for our members. The member must sign and date in the designated area. Also, if the member is the patient, he or she must sign and date the patient information. Otherwise, the required information is clear. The NALC member must sign for any minor children. If the patient is a spouse or a child who is no longer a minor, the patient should sign for himself or herself.

For any additional information about the MBA's Hospital Plus Policy, please contact the MBA office from 8 a.m. to 3:30 p.m. EDT Monday through Friday at 202-638-4318, or you may call on Tuesday and Thursday toll-free at 800-424-5184.

**Note:** The interest rate for the Maturity Income Plan for the year beginning Oct. 1, 2012, will remain at the high rate of 4.5 percent.

**This Thanksgiving with family and friends, try sharing three things you are thankful for. Happy Thanksgiving!** ☒