



## St. Johns County School District Hospital Indemnity Plan



### Request for Reimbursement Claim Form

**Important Plan Reminder:** Requests for reimbursement must be submitted within ninety (90) days from the date you are discharged from the hospital for your hospital indemnity claim to be reimbursed.

Participant Information			
<b>Employer Name</b> St. Johns County School District	<b>Group #</b> 463	<b>Today's Date</b>	<b>Daytime Phone Number</b>
<b>Employee Name</b>	<b>Employee ID# or Last 4 digits of SSN</b>	<b>Email Address</b>	
<b>Employee Mailing Address</b>			

### Summary of Hospital Indemnity Plan Benefits

Inpatient Hospital Admissions Plan Year: 1/1/2022-12/31/2022	Inpatient Hospital Benefit
<b>Length of Stay</b> 1 <sup>st</sup> – 10 <sup>th</sup> day 11 <sup>th</sup> – 180 <sup>th</sup> day	Plan pays \$200 per day. Plan pays \$100 per day.

### Steps to request a Hospital Indemnity Plan reimbursement:

**Step 1.** Complete this form and attach an itemized bill or Explanation of Benefits from your medical plan provider. Be sure it includes the dates you were hospitalized.

**Step 2.** You have several options for submitting your Hospital Indemnity reimbursement requests:

- **Fax** your request to **1(407)786-2999**.
- **Mail** your request to:

**Preferred Benefit Administrators**  
PO Box 916188  
Longwood, FL 32791-6188

Questions regarding your Hospital Indemnity Plan coverage or status of reimbursement should be directed to:

### Preferred Benefit Administrators

Toll-free: (888) 524-2777  
www.PreferredTPA.com