

Instructions for Completing New Health and Life Reimbursement Request Form

- ❖ Please complete the form electronically.
- ❖ Reimbursement request packets (request form and all supporting documentation) must be submitted by mail.
- ❖ Correct and completed packets are due on or before the tenth (10th) of each month.

COMPLETING FORM WITH NO ADJUSTMENT(S)

- 1) Enter library/library system name using the drop-down list
- 2) Enter the "Coverage Month" for the reimbursement period
Health Insurance Section
 - i. Enter Subgrant Number (see State Aid Agreement)
 - ii. Enter "Total Participant Count" number (see the Premium Billing statement)**Life Insurance Section**
 - i. Enter Subgrant Number (see State Aid Agreement)
 - ii. Enter "Total Life Face Value" (Total the "Life Face Value" column on the Premium Billing statement)
- 3) Sign and Date the form (above the "MLC USE ONLY" bar)
- 4) **BEFORE YOU "Submit Reconciliation to BCBSMS," PRINT OUT THE FOLLOWING DOCUMENTS:**
 - i. *Bill Reconciliation* page (page must show a \$.00 Balance Remaining)
 - ii. *Premium Billing for (month) 20XX* page
- 5) Attach the following documentation to the Reimbursement Request Form:
 - i. Copy of the *Group Billing Statement* (page 1)
 - ii. *Bill Reconciliation* page
 - iii. *Premium Billing for (month) 20XX* page
- 6) Submit complete reimbursement request packet.

COMPLETING FORM WITH ADJUSTMENT(S)

- 1) Enter library/library system name using the drop-down list
- 2) Enter the "Coverage Month" for the reimbursement period
Health Insurance Section
 - i. Enter Subgrant Number (see State Aid Agreement)
 - ii. Enter "Total Participant Count" number (see the Premium Billing statement)
 - iii. Enter any "ADD Previous Month Adjustment(s)" amount in the space provided
 - iv. Enter any "DEDUCT Previous Month Adjustment(s)" amount in the space provided
 - v. Provide a brief explanation for the adjustment(s) made in the space provided

Life Insurance Section

- i. Enter Subgrant Number (see State Aid Agreement)
- ii. Enter "Total Life Face Value" (Total the "Life Face Value" column on the Premium Billing statement)
- iii. Enter any "ADD Previous Month Adjustment(s)" amount in the space provided
- iv. Enter any "DEDUCT Previous Month Adjustment(s)" amount in the space provided
- v. Provide a brief explanation for the adjustment(s) made in the space provided

3) Sign and Date the form (above the "MLC USE ONLY" bar)

4) BEFORE YOU "Submit Reconciliation to BCBSMS," PRINT OUT THE FOLLOWING DOCUMENTS:

- i. *Bill Reconciliation page* (page must show a \$.00 Balance Remaining)
- ii. *Premium Billing for (month) 20XX* page
- iii. *Monthly Summary of Activities for (month) 20XX – Additions, Deletions, Changes to Previous Bill* page
- iv. *Summary of Adjustments* page

5) Attach the following documentation to the Reimbursement Request Form:

- i. Copy of the *Group Billing Statement* (page 1)
- ii. *Bill Reconciliation* page
- iii. *Premium Billing for (month) 20XX* page
- iv. *Monthly Summary of Activities for (month) 20XX – Additions, Deletions, Changes to Previous Bill* page
- v. *Summary of Adjustments* page

6) Submit complete reimbursement request packet.

Mailing Address: **Mississippi Library Commission
Grant Programs
3881 Eastwood Drive
Jackson, Mississippi 39211**

If you have any questions concerning this process, please email or call!!

PLEASE BE SURE ANY STAFF WHO MAY NEED THIS INFORMATION HAS A COPY