

# **PROCEDURES FOR FILING A CLAIM FOR REIMBURSEMENT UNDER THE SMART SAVINGS PROGRAM**

## **IMPORTANT**

1. The Reimbursement Form should be used when a family covered by the Smart Savings Program has expended more than \$4,000 or \$2,000.00 for expenses that would have otherwise been reimbursed under a second family health insurance plan.
2. When you submit your first claim for reimbursement, you must include one or more Explanation of Benefits forms (“EOBs”) verifying out-of-pocket expenses that would otherwise have been reimbursed under a second family health insurance plan. **If you do not submit EOBs totaling \$4,000 or \$2,000.00, your claim for reimbursement will be returned to you unprocessed.**
3. You only need to submit proof of expenses totaling \$2,000.00 once per plan year, along with proof of payment of these expenses to be reimbursed for your additional expenses.
4. Be sure to print clearly and legibly using either black or blue ink when completing this form.
5. A claim for reimbursement cannot be processed without the claimant’s Insurance Card Number.
6. Completed Reimbursement Forms along with the Explanation of Benefits (EOBs) and proof of payment should be mailed directly to the Plan Administrator.
7. You may submit either original documents or copies. If the copies submitted are illegible, the Plan Administrator reserves the right to return the submission to the claimant unprocessed. If you are submitting multiple Reimbursement Forms in one envelope, please paperclip the appropriate Reimbursement Form, EOBs, and any additional documentation together.
8. The Plan Administrator reserves the right to request additional documentation from claimants prior to processing a claim.
9. The annual deadline for submission of reimbursements claims is May. For example, reimbursements for 2025 expenses must be submitted by May 2026.

## **SUBMISSION INSTRUCTIONS**

Please mail your completed form(s) to the Plan Administrator listed below:

**NASSAU COUNTY SMART SAVINGS PROGRAM**  
**c/o Pamela D’Apuzzo**  
**VMG Health, LLC**  
**PO BOX 136**  
**LINDENHURST, NY 11757**  
**(631) 231-0505**  
**(800) 832-0609.**

All inquiries regarding reimbursement under the Smart Savings Program should be directed to the Plan Administrator. Reimbursement Forms may be obtained from the Nassau County Comptroller website: [www.nassaucountyny.gov/agencies/comptroller](http://www.nassaucountyny.gov/agencies/comptroller) or by calling the Plan Administrator at **(631)231-0505**.