

## How to Upload a claim through the website at www.iatsenbf.org

- Login to your website account
- Click the box to accept the “Terms and Conditions of Use”
- You will be brought to the “Dashboard” page

- Under the Health & Welfare Panel, find and click the box:

MRP History / New Claim

- Under the “New Claims” section (upper left of screen) click on:

Submit a New Claim

- A box will slide in: click the box in the lower left “Certification and Conditions of Reimbursement” agreement and click on “proceed”

Proceed

- Click on your name or the dependent whose claim you are now submitted for reimbursement.

### New Claim Submission

To begin your claim submission, select the patient from the list below or click the button on the bottom right to add a new dependent. **Reminder:** Any new dependent recently added must be approved by the Fund Office before a claim can be submitted.

**Current MRP Balance:** \$4,993.26 [What is Covered / Reimbursable?](#) [See List](#) [Download Claim Form](#)


**STEP 1 - Who is this Claim for?**





Select Patient	Name	Date of Birth	Relationship	Eligibility Effective Date	Eligibility Term Date
<input checked="" type="radio"/>	Dependent 1	02/26/1953			
<input type="radio"/>	Dependent 2	10/06/1964	Spouse	08/07/2000	--
<input type="radio"/>	Dependent 3	11/02/1977	Child	11/02/1977	12/31/1996
<input type="radio"/>	Dependent 4	02/10/1984	Child	02/10/1984	12/31/2004

[View Dependents](#) [Add Dependent](#)

[< Back](#) [Step 2 >](#)

- Only 1 dependent can be uploaded per claim
- Then click “Step 2” – in the lower right of the screen
- Verify the mailing address is correct and/or switch to direct deposit
  - If switching to direct deposit, you must have already submitted your bank account information prior to this step
  - Then click “Step 3” – in the lower right of the screen

- Click on  button to find the documents you wish to upload
- Click on each document you wish to upload (see example below)

Name	Date modified	Type
 <u>Fund Counsel Letters</u>	<u>7/8/2014 11:02 AM</u>	<u>File folder</u>
 <u>Performant Recovery-12-10-15.doc</u>	<u>10/15/2012 4:02 PM</u>	<u>Microsoft Word 9...</u>
 <u>Subpoena response - Fund name issue.doc</u>	<u>11/14/2011 1:38 PM</u>	<u>Microsoft Word 9...</u>
 <u>Subpoena response - HIPAA.doc</u>	<u>11/14/2011 1:38 PM</u>	<u>Microsoft Word 9...</u>

- When complete with your document uploads, click on “Submit Claim” in the lower right of the screen
- Continue this process for each dependent you have claims you wish to submit for reimbursement