



Welcome to the Health Reimbursement Plan (HRP)!

- The HRP has **no annual dollar limit on reimbursements and reimburses, payable to you, 100% of expenses classified by your other health plan as deductibles, co-insurance, and co-pays incurred at the other plan's in-network medical providers and pharmacies.** (Out-of-network expenses, non-covered expenses, expenses in excess of plan limits, dental and vision plan expenses, etc. are not reimbursable by the HRP.)
- HRP members are **not issued ID cards by the HOPE Trust.** When obtaining care from medical providers or pharmacies you should only present the ID card associated with your *other* health plan coverage (i.e., your source of comprehensive medical and prescription drug benefits), whether via a spouse's employer plan or otherwise.
- Enclosed please find a copy of the **NEW HRP Claim Form** for submitting reimbursement requests to the claims administrator, **SRM (New for 2024)** as well as the **NEW Direct Deposit Form (New for 2024)**.
 - Be sure to include copies of relevant Explanations of Benefits (EOBs) for medical claims and detailed pharmacy receipts for prescription claims when submitting the form.
 - Please submit reimbursement requests electronically after registering for your account at <https://srm.vbagateway.com>
 - **** Prior claims administrators (Trustmark, Allied) will not be processing claims after 2023 year-end, so please submit any outstanding requests using the NEW process outlined herein. ****
- Feel free to file HRP reimbursement requests as needed; however, all HRP reimbursement requests must be submitted to SRM **no later than 365 days following the end of the calendar year** in which the claim was incurred.

A few more details:

- Employees *already enrolled* in other employer-sponsored group medical coverage may *only* be enrolled in the HRP when covered through the HOPE Trust.
- If you involuntarily lose the other group coverage while enrolled in the HRP, you may immediately switch back to a HOPE Trust major medical plan as long as you make the request within 30 days of losing the other coverage.
- An employee who changes to the HRP may enroll his or her otherwise eligible dependent spouse and/or children in the HRP effective upon such change as long as enrollment of such dependents is requested no later than 30 days after the effective date of your HRP coverage.
- The HRP is not considered a Medigap policy (Medicare Supplement Health Insurance) and thus will not serve as creditable coverage in the event you later wish to enroll in a Medigap policy immediately after being covered by the HRP.



HEALTH REIMBURSEMENT PLAN (HRP) HRP REIMBURSEMENT REQUEST FORM

A. EMPLOYEE INFORMATION

Name	Social Security Number (last 4 digits)	Name of Employer
	Phone Number	Email Address

B. HEALTH REIMBURSEMENT REQUESTS

TOTAL AMOUNT REQUESTED

Please make sure to attach EOBs for medical claims and/or a detailed pharmacy receipt for RX claims.

C. CERTIFICATION

I certify that the following is true:

- The expenses listed above were incurred by me or my eligible dependents and qualify for reimbursement.
- The expenses listed above are not eligible for reimbursement by any insurance plan.
- I have not and will not deduct the above listed expenses on my federal income tax returns.

Employee Signature

Date

Please submit reimbursement requests electronically at <https://srm.vbagateway.com>

If you have questions, please contact:

Snedeker Risk Management, Ltd. (SRM)

Phone: 800.331.0546

Fax: 309.543.6607

Email address: hopememberservices@clientsadvocate.com



Request for Direct Deposit and Electronic Explanation of Benefits

Employee Name

Date of Birth

Last 4 of SSN

Employer Name

E-mail Address

Please provide your bank account information in the section below to sign up for direct deposit of any medical, dental, vision and/or other benefit reimbursements payable to you.

Bank Name

Routing Number

Account Number

By providing my banking information, I agree to receive electronic payment for any funds payable to me for benefits services administered by Snedeker Risk Management, Ltd (SRM).

The account specified above must be held by the member. Also, a voided check must be provided with this form. We cannot accept copies of deposit slips.

Please return completed and signed document to:

By Mail:

Hope Trust c/o Snedeker Risk Management
P.O. Box 197
Virginia, IL 62691

By E-mail: hopememberservices@clientsadvocate.com

By Fax: 309-543-6607

Disclaimer: By signing this document I agree to receive electronic explanation of benefits and/or direct deposits of reimbursements from Snedeker Risk Management Ltd, (SRM). I realize that this can take 4 to 6 weeks to be implemented.

Employee Signature

Printed Name

Date

Happy Holidays from the

HOPE TRUST®

Health Options for Public Entities



The HOPE Trust **SRM Gateway Member Portal** will offer you 24/7 access and insight into your **Health Reimbursement Plan (HRP)**. Now through the portal, you can enter your claims, send inquiries on a submitted claim, sign up for direct deposit, and view payments. With these new enhancements, submitting your HRP claims should be easier, faster, and result in a more timely reimbursement for you and your covered family members.

HOW TO GET STARTED

1. Go to <https://srm.vbagateway.com/> in your web browser (Google Chrome is recommended but others may also work)
2. Click the highlighted blue text in the middle of the screen that reads “Click here to register and/or enroll”
3. Select “Member” from the drop down menu and complete all the requested information, then click “**SUBMIT**”
*Registration Code is the last 4 digits of your SSN
4. You will then receive a confirmation email; open and click on the “**Confirmation Link**”
5. Once the words “**Login was successful**” show in your browser, your personal information should begin to load in your dashboard and your personalized member portal will take shape

PLEASE NOTE: You may not be able to register for your SRM Gateway Member Portal until your plan year begins (for example, 1/1/24)

NEED HELP?

- If you do not see the registration confirmation email, please check your junk / spam folder.
- If the site fails to open, please check that you are using Google Chrome and that it is updated to the latest version.



Welcome to Snedeker Risk Management

Username

Password

[Forgot username or password?](#)

LOGIN

[Click here to register and/or enroll.](#)

Portal

Member

Last 4 Digits of SSN *

5000

Birthdate *



Registration Code *

Please enter your Registration Code.

First Name *

Last Name *

Username *

Email Address *

Cell Phone Number *

123-456-7890

Please enter your cell phone number. (123-456-7890)

Password *

Confirm Password *

CANCEL

SUBMIT

IF YOU NEED HELP OR HAVE QUESTIONS – WE ARE HERE FOR YOU

hopememberservices@clientsadvocate.com or 855-292-HOPE (4673)