PORAC
Member Portal
Guide for
Retirees

bpa
a WPAS company

PORAC
RETIREE MEDICAL TRUST

Account Registration: Step-by-Step

1) ACCESS MEMBER PORTAL

Go to poracrmt.org → Member Login

Account Registration: Step-by-Step

2) CREATE AN ACCOUNT

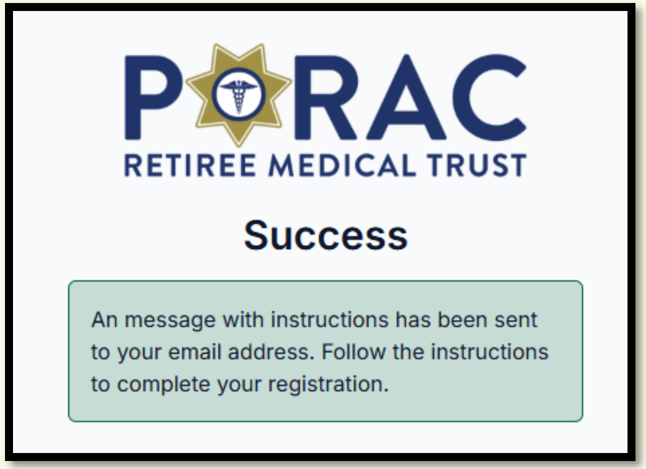
Click Create Account

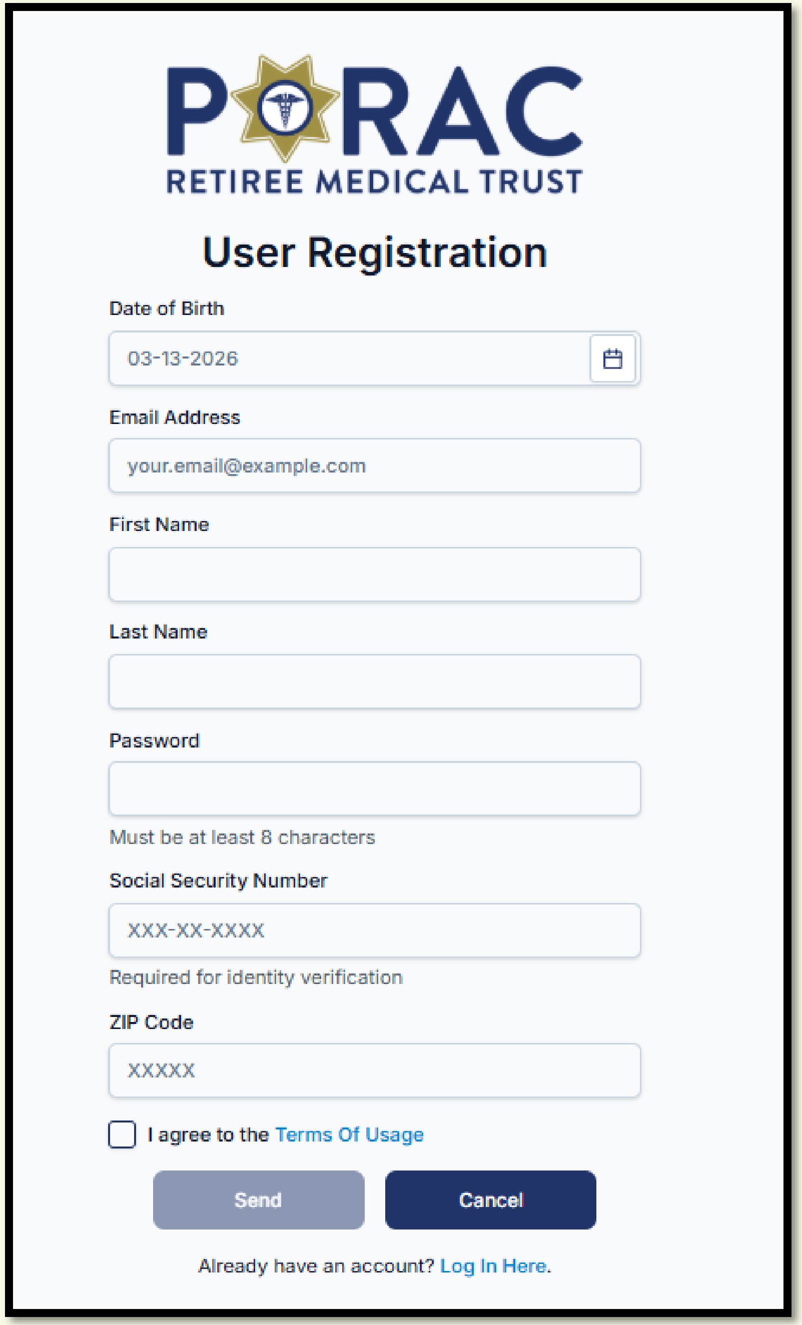
Account Registration: Step-by-Step

2) USER INFORMATION

- Enter Registration Data
- Click Box "I agree to the Terms of Usage"
- Click "Send"

3) A CONFIRMATION MESSAGE WILL APPEAR





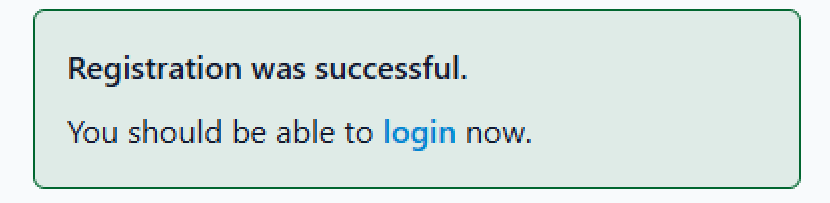
Account Registration: Step-by-Step

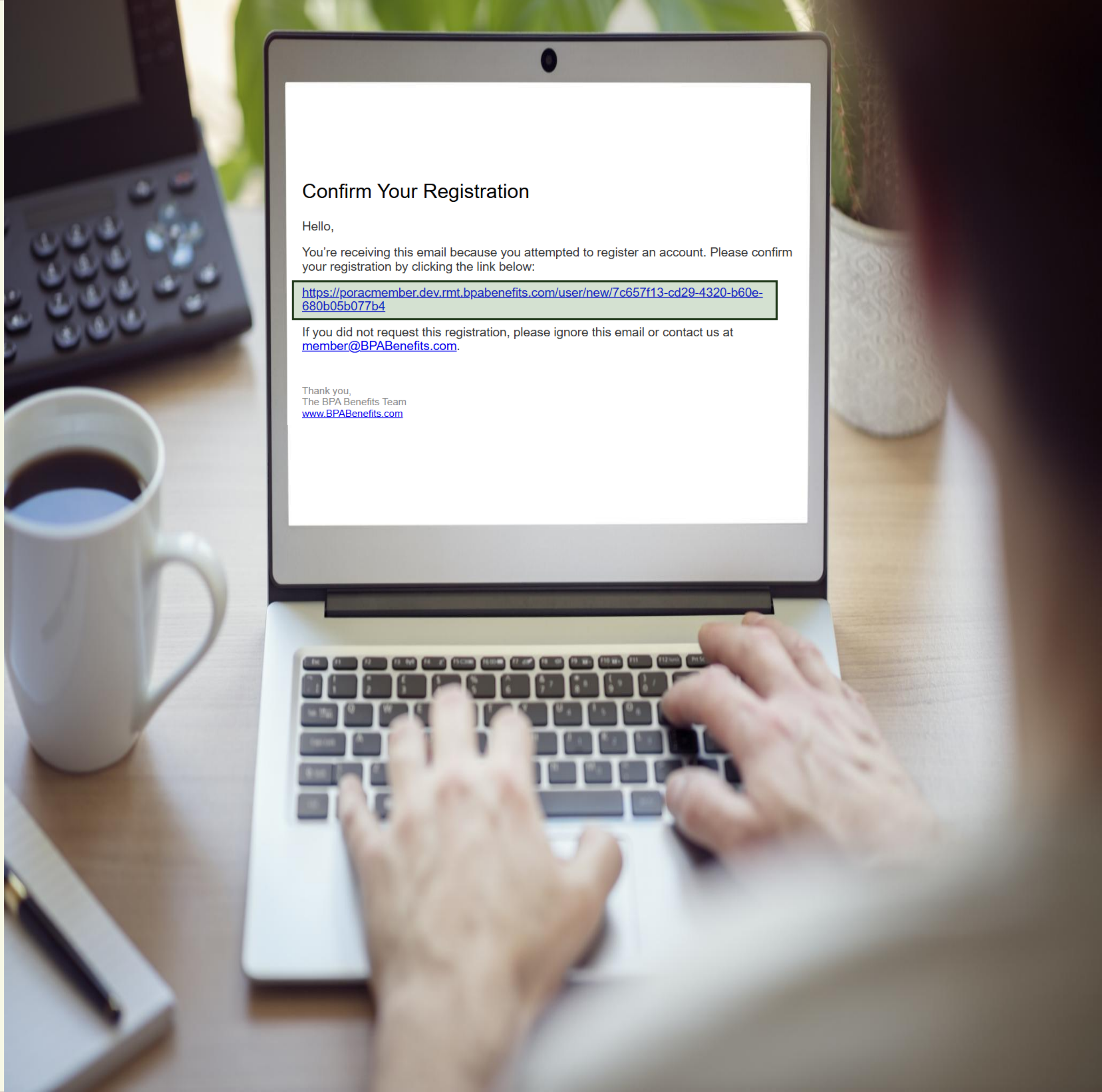
4) CONFIRM YOUR REGISTRATION

- You will receive an email from member@BPABenefits.com containing a confirmation link.
- Click the link to complete your registration (*see highlighted example of email*)

5) ACCESSING THE CONFIRMATION LINK

After clicking the link, you will be directed to a confirmation page. Click Login to continue.





Login and MFA Verification

6) LOG INTO THE MEMBER PORTAL

- Enter your Email and Password
- Agree to the Terms of Usage
- Click Sign-In

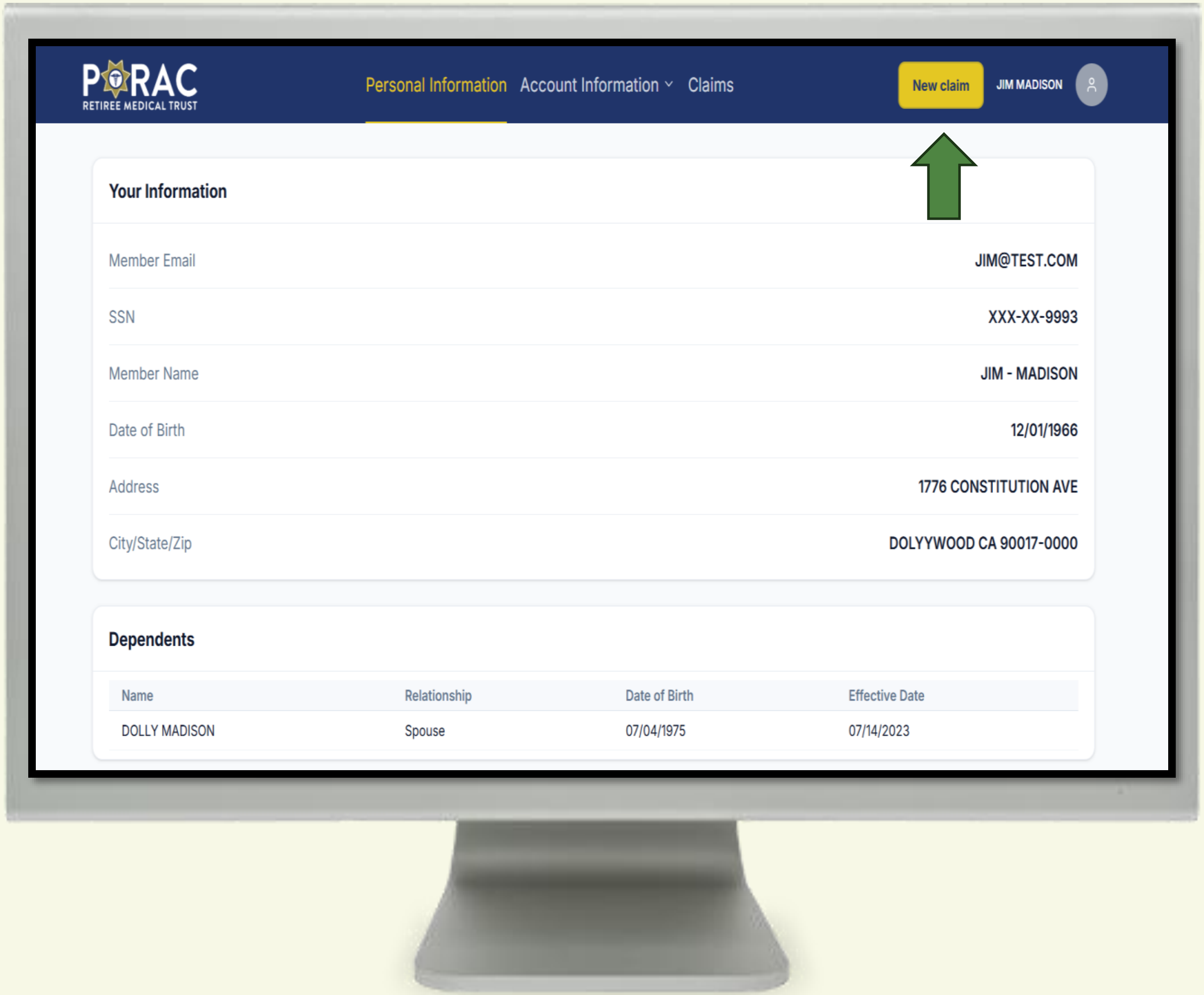
7) ENTER YOUR ACCESS CODE (MULTI-FACTOR AUTHENTICATION)

You will receive an email member@bpabenefits.com containing a time-sensitive access code. Enter the code to complete login.

Submit a New Claim Online

1) START A NEW CLAIM

From the dashboard, click on "New Claim"

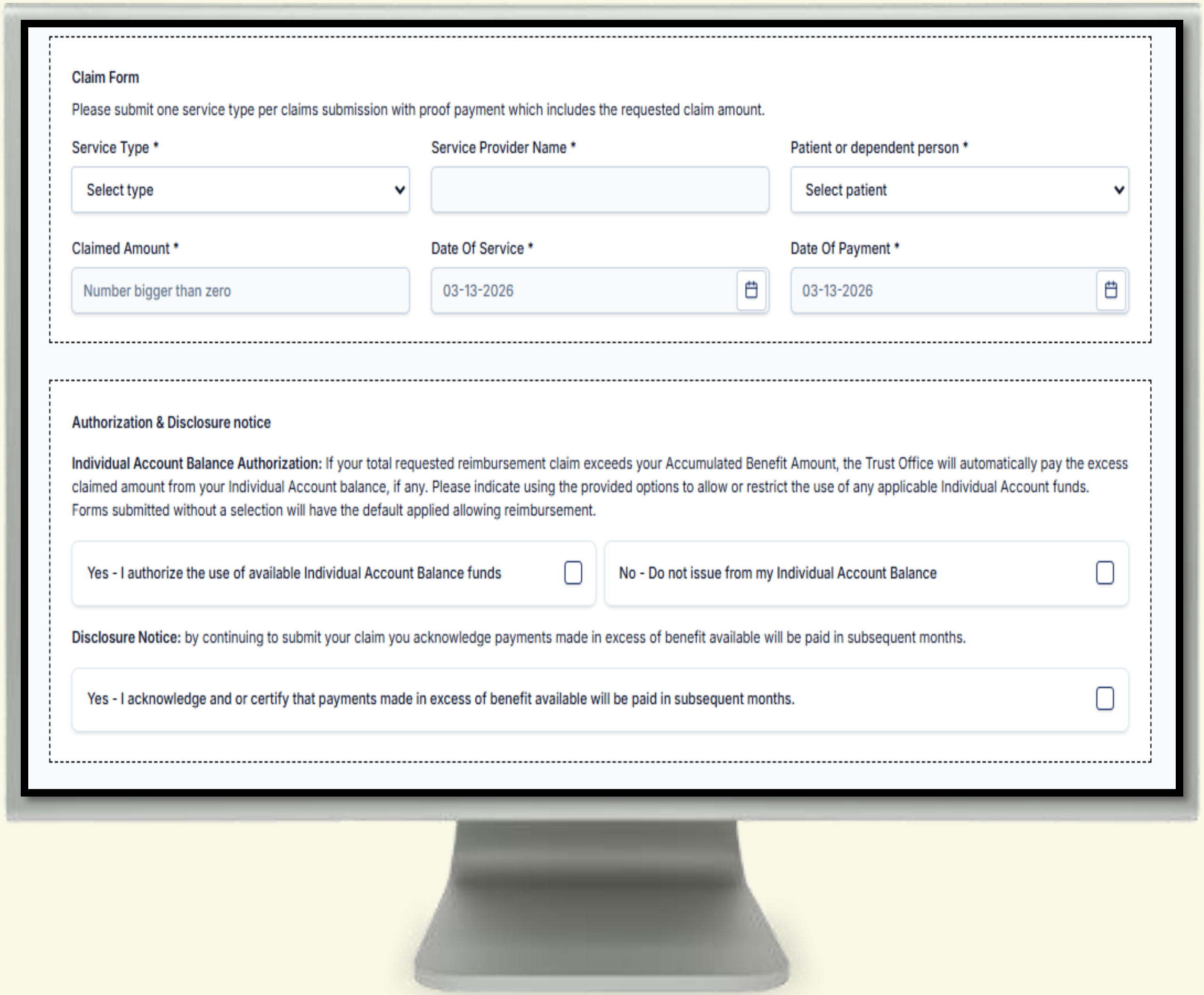


Submit a New Claim Online

2) FILL IN ONLINE CLAIM FORM

Service Type:	Select from dropdown (e.g. Medical, Dental, Premium)
Service Provider:	Enter the provider or carrier name
Patient or Dependent:	Person who sought service
Claimed Amount:	Amount Requested for Reimbursement
Date of Service:	When the service was rendered
Service Paid Date:	When you paid for the service or premium

3) AUTHORIZATION & DISCLOSURE



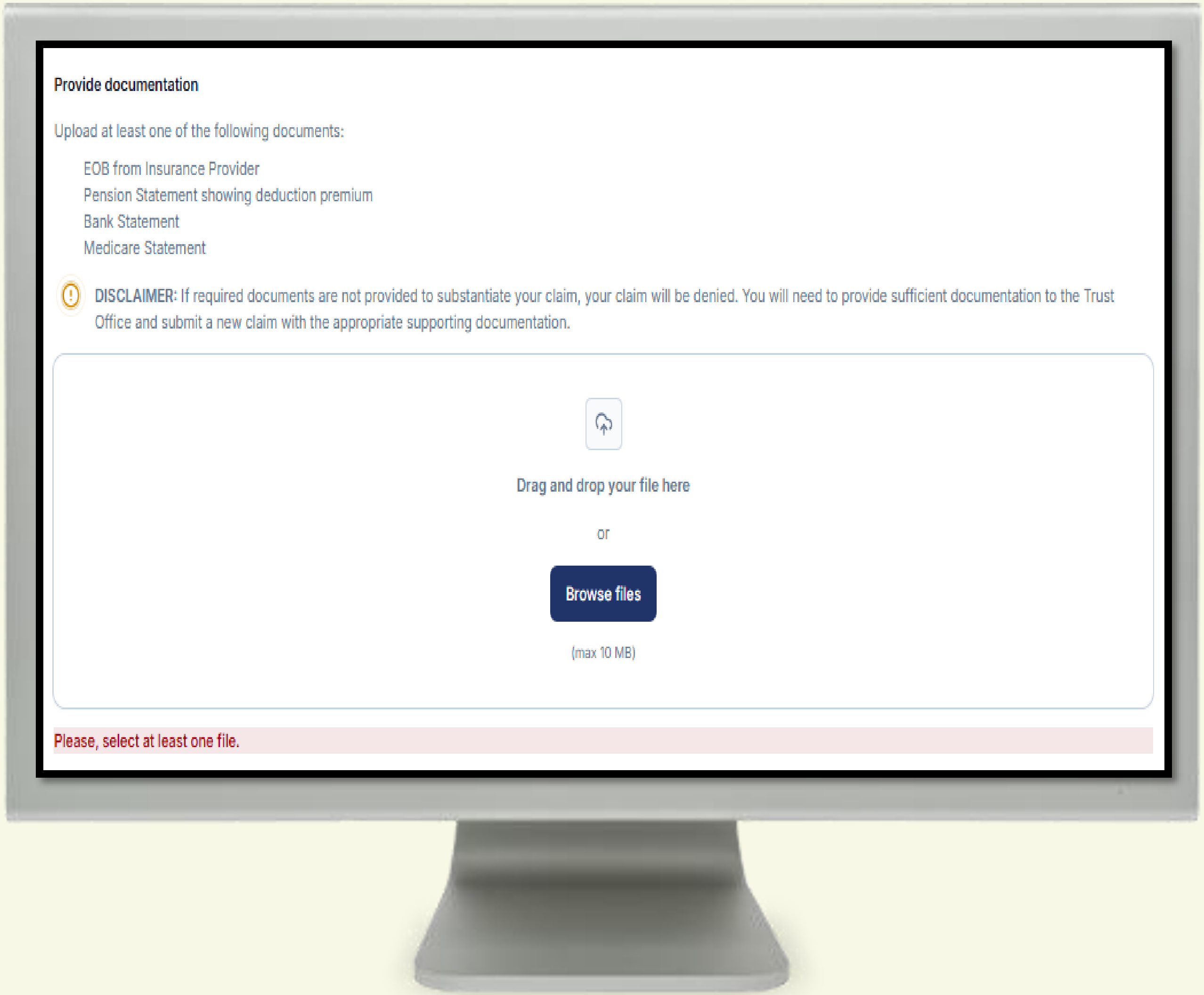
Submit a New Claim Online

4) SELECT FILE AND UPLOAD DOCUMENTS

Attach clear, legible support (e.g., EOB, premium proof, receipts).

*If documentation is missing or incorrect, your claim may require resubmission—not just a delay. You may need to submit a new claim with corrected documents.

Click **BROWSE FILES** upload Proof of Payment AND Service Rendered



Submit a New Claim Online

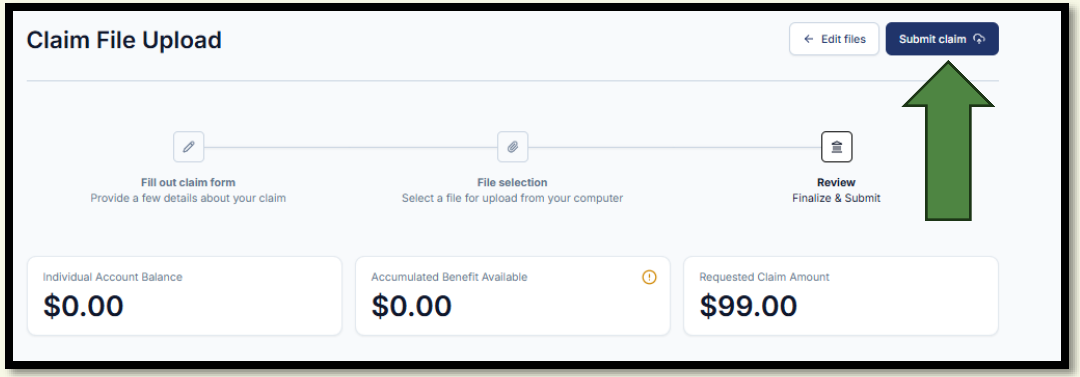
5) VERIFY AND SUBMIT

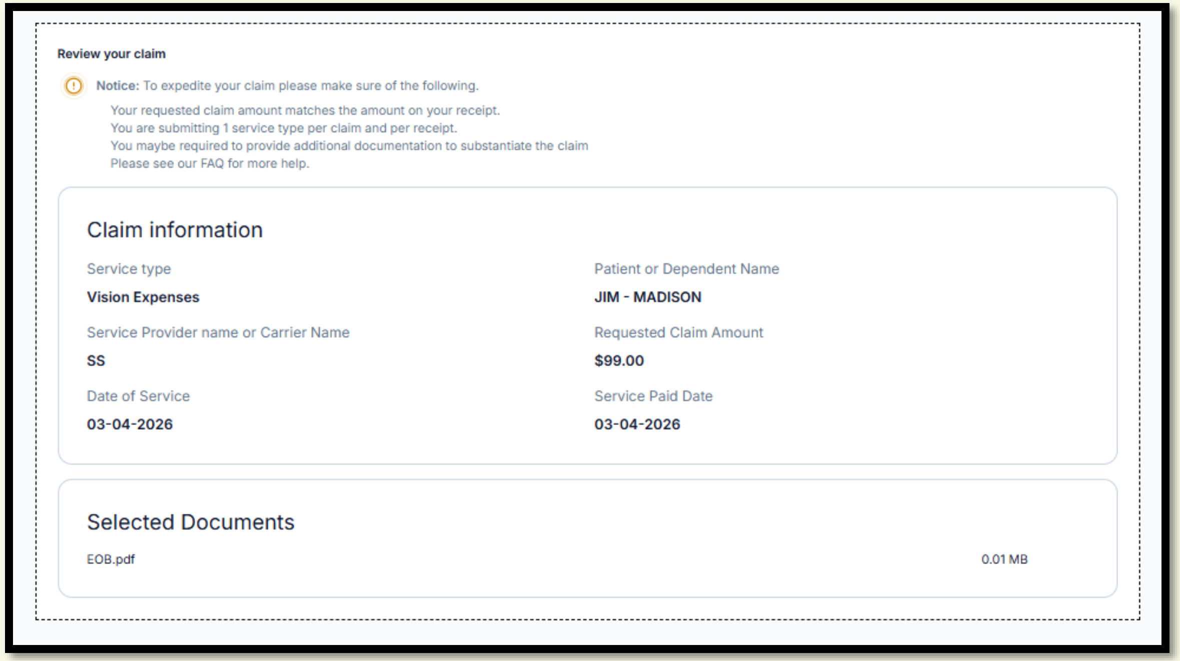
Review claim information summary.

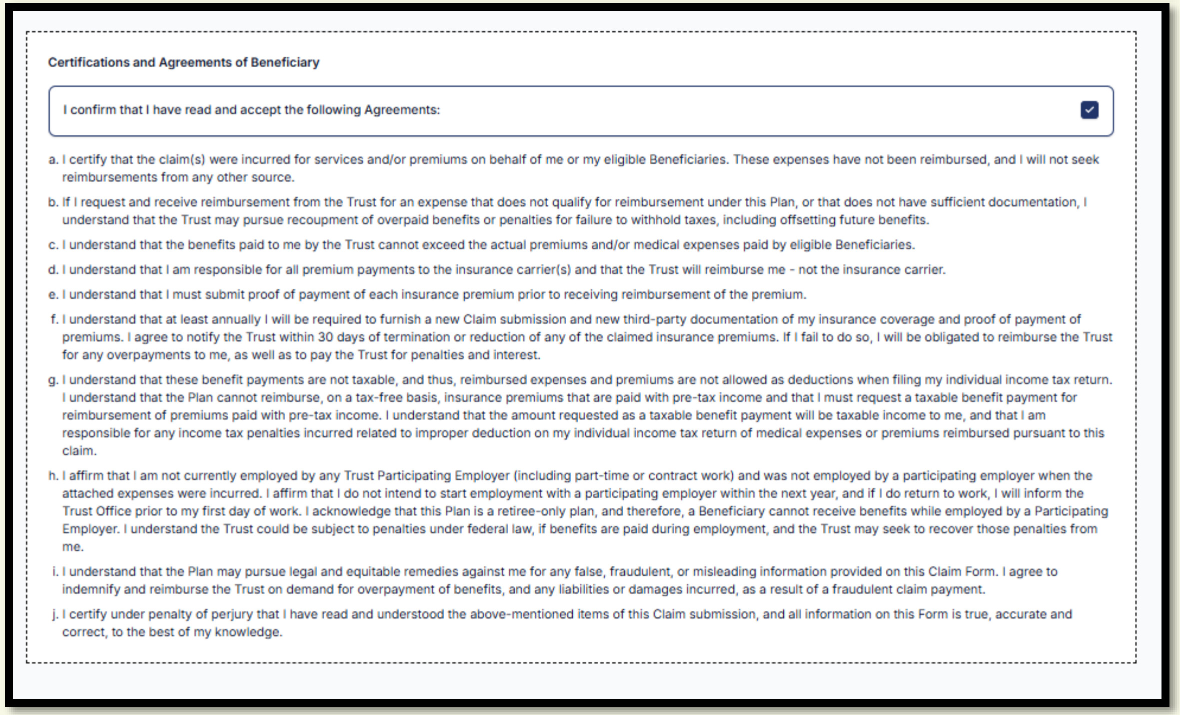
6) CERTIFICATIONS AND AGREEMENTS

Check box to confirm and accept the Agreements

7) CLICK TO SUBMIT CLAIM







Certifications and Agreements of Beneficiary

I confirm that I have read and accept the following Agreements:

a. I certify that the claim(s) were incurred for services and/or premiums on behalf of me or my eligible Beneficiaries. These expenses have not been reimbursed, and I will not seek reimbursements from any other source.

b. If I request and receive reimbursement from the Trust for an expense that does not qualify for reimbursement under this Plan, or that does not have sufficient documentation, I understand that the Trust may pursue recoupment of overpaid benefits or penalties for failure to withhold taxes, including offsetting future benefits.

c. I understand that the benefits paid to me by the Trust cannot exceed the actual premiums and/or medical expenses paid by eligible Beneficiaries.

d. I understand that I am responsible for all premium payments to the insurance carrier(s) and that the Trust will reimburse me - not the insurance carrier.

e. I understand that I must submit proof of payment of each insurance premium prior to receiving reimbursement of the premium.

f. I understand that at least annually I will be required to furnish a new Claim submission and new third-party documentation of my insurance coverage and proof of payment of premiums. I agree to notify the Trust within 30 days of termination or reduction of any of the claimed insurance premiums. If I fail to do so, I will be obligated to reimburse the Trust for any overpayments to me, as well as to pay the Trust for penalties and interest.

g. I understand that these benefit payments are not taxable, and thus, reimbursed expenses and premiums are not allowed as deductions when filing my individual income tax return. I understand that the Plan cannot reimburse, on a tax-free basis, insurance premiums that are paid with pre-tax income and that I must request a taxable benefit payment for reimbursement of premiums paid with pre-tax income. I understand that the amount requested as a taxable benefit payment will be taxable income to me, and that I am responsible for any income tax penalties incurred related to improper deduction on my individual income tax return of medical expenses or premiums reimbursed pursuant to this claim.

h. I affirm that I am not currently employed by any Trust Participating Employer (including part-time or contract work) and was not employed by a participating employer when the attached expenses were incurred. I affirm that I do not intend to start employment with a participating employer within the next year, and if I do return to work, I will inform the Trust Office prior to my first day of work. I acknowledge that this Plan is a retiree-only plan, and therefore, a Beneficiary cannot receive benefits while employed by a Participating Employer. I understand the Trust could be subject to penalties under federal law, if benefits are paid during employment, and the Trust may seek to recover those penalties from me.

i. I understand that the Plan may pursue legal and equitable remedies against me for any false, fraudulent, or misleading information provided on this Claim Form. I agree to indemnify and reimburse the Trust on demand for overpayment of benefits, and any liabilities or damages incurred, as a result of a fraudulent claim payment.

j. I certify under penalty of perjury that I have read and understood the above-mentioned items of this Claim submission, and all information on this Form is true, accurate and correct, to the best of my knowledge.

Understanding Claim Statuses

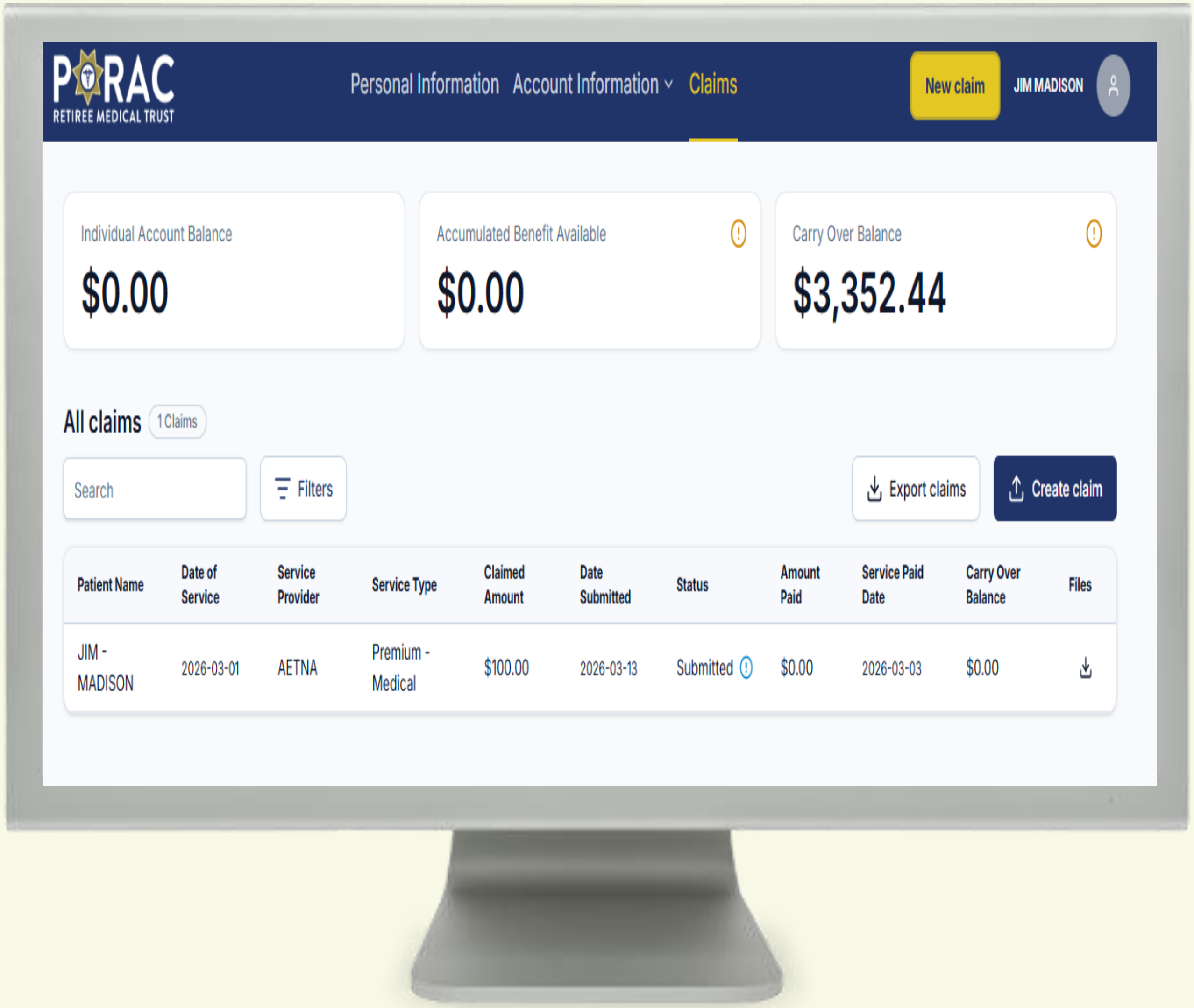
After submission, monitor progress in the Member Portal dashboard under the Claims tab.

WHAT DO CLAIM STATUSES MEAN?

- Submitted = received.
- Processing = under review.
- Denied = ineligible or more info needed.
- Approved = eligible and scheduled.
- Paid = reimbursed.

PAYMENT

Payments are typically issued on the 25th. Partially Paid and Carried Over indicate approved amounts reimbursed in future cycles. Standardized statuses apply to claims submitted after Apr 1, 2026.



If Your Claim Is Denied

REVIEW YOUR DENIAL LETTER

You'll receive a mailed explanation of why the claim couldn't be approved—often IRS ineligible expenses or missing/incomplete documentation.

If information is missing, gather what's requested (e.g., updated EOB, clearer receipt, proof of payment) and submit a new complete claim in the Member Portal.

A denial isn't always permanent. Follow the letter's appeal steps or contact the Administrative Office to confirm eligibility rules and next actions.

Claim Payments & Direct Deposit

PAYMENTS

Approved PORAC RMT reimbursements are issued monthly, typically on the 25th. During transitions banking details were securely transferred to BPA to maintain continuity

Get the Direct Deposit Form under FORMS at **https://poracrmt.org/forms/**

You'll need your account number, routing number, and proof (voided check or bank letter with your name and account details).

Claim Payments & Direct Deposit

PAYMENTS

Approved PORAC RMT reimbursements are issued monthly, typically on the 25th. During transitions banking details were securely transferred to BPA to maintain continuity.

SET UP DIRECT DEPOSIT

Get the Direct Deposit Form under FORMS at https://poracrmt.org. You'll need your account number, routing number, and proof (voided check or bank letter with your name and account details).

Administrative Office Support

How the Office Can Support You ?

- Assistance with the PORAC Member Portal
- Resolving login issues
- Questions Claims regarding processing
- Benefit questions and verifying information
- Clarifying eligibility or documentation needs.

Contact details

Benefits Programs Administration
1200 Wilshire Blvd, 5th Floor,
Los Angeles, CA 90017
Phone: (877) 808-5994
Email: PORACRMT@bpabenefits.com