Get Ready for the 33rd National Health Benefit Plan Seminar in Florida
Seminar 2017 - Room Reservations
The 33rd National Health Benefit Seminar will be held at the Disney Coronado Springs Resort in Orlando, FL. The dates for the seminar are October 15, 2017 through October 18, 2017. The NALC HBP room rate is $135 plus tax, per room, per night for the Club Deluxe room. Reservations can be made through the Disney Group Reservations Phone Team by calling (407) 939-4686 and mentioning the NALC Health Benefit Plan Seminar 2017 or by using the group's online booking website: https://aws.passkey.com/go/NALCHealth2017.

Please be aware that the rate guarantee cutoff for room reservations is September 16, 2017.

My Disney Experience & Online Check-In Service
I want to inform you about the My Disney Experience tab on the Disneyworld.com website. Once you register online, there are a multitude of tools available that will really enhance your trip. You can also download the mobile app “My Disney Experience” to access your plans and park information on the go. You may also use the My Disney Experience site to participate in the Online Check-In Service. Your guests may shorten their check in process by logging into the following link: https://disneyworld.disney.go.com/plan/ within 60 days of their arrival date. When they arrive at their hotel, they will simply need to show a photo ID at the designated online check-in area.

Disney’s Magical Express - Deadline 10 Days Prior to Arrival
Disney’s Magical Express (DME) is a complimentary airport service between guests staying at a Walt Disney World Owned and Operated Resort Hotels and the Orlando International Airport.

DME also includes complimentary luggage delivery service to the guest room for flights that arrive between 5:00 AM and 10:00 PM. Guests arriving after 10:00 PM on either a scheduled or delayed flight will need to claim their luggage and bring it with them on the motorcoach.

Advanced reservations are required to use Disney’s Magical Express.

How do you book a DME reservation? You may go online to https://disneyworld.disney.go.com or call (407) 939-4686 to reserve Disney’s Magical Express. NOTE: room reservations need to be made before a DME reservation can be made.

Prior to arrival at Orlando International Airport
Pre-tagged luggage (United States and Canada). For guests in the United States and Canada, approximately one week prior to departure for Orlando your Disney’s Magical Express (DME) booklet with 1 luggage tag per person should arrive at the address provided. The DME luggage tag should be placed on the luggage bag that will be checked at the airport.

NOTE: reservations made less than 10 days prior to arrival will not receive a DME booklet. The guests should collect their own luggage and proceed to the Disney Welcome Center located on the B Side on Level 1.
NALC Health Benefit Plan
33rd National Health Benefit Seminar
October 15-18, 2017
Disney Coronado Springs Resort

REGISTRATION FEE: $100.00
Please complete a SEPARATE form for each Registrant

Name: ___________________________________________ Title: ___________________________________________

Branch #: ___________________________ Branch City: ___________________________________________

Branch Address: _____________________________________________________________________________

Number of Years HBR: _______ Number of Seminars Attended: _______
(Please do not leave the above information blank. Please give an estimate but please do not write ALL.)

Mailing Address for Confirming Your Registration:

Street: ___________________________________________________________________________________

City: ___________________________ State: ___________ Zip: _______________

Contact Phone #: ___________________________ E-Mail Address: _________________________________

Arrival Date: ___________________________ Departure Date: ___________________________

Guest Tickets
Guest tickets must be purchased and payment included with this form (please indicate the # of tickets needed below):

_____ Meet & Greet (Sun.) $45 _____ Cont. Breakfast $30 (per day) _____ Lunch (Mon.) $45 _____ Reception (Tues.) $75

Registration Fee Includes:

• All Seminar Materials
• Health Fair (During Registration)
• Continental Breakfast (Mon, Tues, Wed)
• Sunday Meet and Greet
• Monday Lunch
• Tuesday Closing Reception

Please make the Registration Fee ($100.00) payable to the NALC Health Benefit Plan. The Registration Fee must accompany this form. (We are sorry but the NALC HBP cannot accept Credit Card payments.)

Mail registration form with your check to: NALC Health Benefit Plan
ATTN: 2017 Seminar
20547 Waverly Court
Ashburn, Virginia 20149

A buffet is provided for meals please call for Special Dietary Needs.

QUESTIONS?? – Please Call (703) 729-8103

For NALC Health Benefit Plan
Use ONLY:

Branch Chk OR Personal Chk
Check #: __________________
Check amount: ______________
# 33rd National Health Benefit Plan Seminar
Disney Coronado Springs Resort
October 15-18, 2017

## DRAFT SCHEDULE
(Subject to change)

### Sunday, October 15
- **Registration**: Noon – 6:00 pm  
  *North Regis. Ctr*
- **Office/Claims Inquiries**: Noon – 4:30 pm  
  *El Paso 1*
- **Health Fair**: Noon – 4:30 pm  
  *Coronado L*
- **Meet & Greet**: 4:30 – 6:00 pm  
  *Cabanas Beach*

### Monday, October 16
- **Registration**: 8:00 – 9:00 am  
  *North Regis. Ctr*
- **Continental Breakfast**: 8:00 – 9:00 am  
  *Coronado K*
- **Claims Inquiries/ Vendors**: 7:30 – 8:45 am  
  12:00 – 1:00 pm  
  4:30 – 5:30 pm  
  *El Paso 1 & 2*
- **General Session**: 9:00 – 11:15 am  
  *Coronado L*
- **Morning Break**: 10:30 – 10:45 am  
  *(Outside Classrooms)*

### Tuesday, October 17
- **Continental Breakfast**: 8:00 – 9:00 am  
  *Coronado K*
- **Claims Inquiries/ Vendors**: 7:30 – 8:45 am  
  12:00 – 1:00 pm  
  4:30 – 5:15 pm  
  *El Paso 1 & 2*
- **Training Classes**: 9:00 am – Noon  
  *(See Seminar Badges for Rooms)*
- **Morning Break**: 10:30 – 10:45 am  
  *(Outside Classrooms)*

### Wednesday, October 18
- **Continental Breakfast**: 8:00 – 9:00 am  
  *Coronado K*
- **Claims Inquiries**: 8:00 – 10:45 am  
  *El Paso 1*
- **Speakers**: 9:00 – 11:00 am  
  *Coronado L*
- **Morning Break**: 10:10 – 10:25 am  
  *(Outside Coronado L)*

*Awards will be presented during the General Session with pictures afterwards. If you have a guest that would like to see you receive an award they are invited to sit in the back of the room. We will still provide lunch on Monday for Seminar registrants.*
Who Is Your HBR?

NALC Health Benefit Plan
Who is Your HBR?

We would like to update our Health Benefit Representative (HBR) files. Please report any information that has changed for your branch to the:

NALC Health Benefit Plan
20547 Waverly Ct
Ashburn, VA 20149

NALC Headquarters
100 Indiana Ave, NW
Washington, DC 20001

Branch # ______________ Date Form Completed: ____________________

Branch Address: __________________________________________________________

__________________________________________________________________________

City: ___________________ State: ___________ Zip: ___________

Branch Phone: __________________ Branch Fax: __________________

Branch Email: __________________

Branch website: __________________

NALC Region: ______________ Work Status (Active/Retired): ______________

Name: ________________________________

Member ID #: ____________________________ Title: ________________________________

(* The member ID # is required to verify coverage in the NALC Health Benefit Plan. See the Constitution of the NALC Health Benefit Plan Article 4, Section 3.)

Home Address: __________________________________________________________

__________________________________________________________________________

City: ___________________ State: ___________ Zip: ___________

Home Phone: ___________________________ Cell Phone: ____________________

Home E-mail: ___________________________

Date you filled the position as HBR: ________________________________

Are you replacing the current HBR? ________________________________

If yes, provide the name of the former HBR: __________________________________________________________________________

Are there additional HBR's in your branch? ________________________________

If yes, provide the name(s): __________________________________________________________________________

(A separate registration form needs to be completed for each HBR.)

Would you like information mailed to your branch or your home? ______________
Branch Reimbursement Instructions

By approval of the Board of Trustees, the Plan will accept requests for branch reimbursement BEARING A POST-MARK NO LATER THAN APRIL 30, 2017. Each request must be accompanied by a branch reimbursement certificate and a roster of branch members enrolled on December 31, 2016. Copies of branch rosters must be ordered by completing the Branch Printout Request, or by calling the Health Benefit Plan 1-888-636-NALC (6252), ask to speak to someone in the Executive Office.

Reimbursement will be either the amount of the expenses attested to on the certificate, or the amount computed at seventy-five (75) cents per eligible member, whichever total is lower. All requests must include (a) the specific amount of expenses incurred; and (b) the number of members for whom reimbursement is requested.

Reimbursement will be made only for the employees and annuitants enrolled on December 31, 2016, under Chapter 89, Title 5, United States Code-Health Insurance, effective July 9, 1960.

The request should NOT include:
- Enrollees terminated in our plan prior to December 31, 2016
- Any type of converted member or dependent nongroup plan, or
- Policyholders under our old program (those who retired before July 1, 1960).

Reimbursement will be made payable only to the Branch Secretary of record, and only if the certificate for reimbursement is signed by either the Branch President or Branch Secretary. The signature of the Branch Health Benefit Representative or Treasurer will NOT be acceptable.

Please send to:
NALC Health Benefit Plan, Attn: Executive Office, 20547 Waverly Court, Ashburn, VA 20149

Branch Printout Request

Please follow the instructions carefully. In order for you to receive your reimbursement, you must complete the Branch Printout Request or call the Plan at 1-888-636-NALC (6252) and ask for the Executive Office to obtain a copy of your Branch membership list. The deadline is April 30, 2017. NOTE: Please remember to complete the Branch Printout Request below to receive a copy of your branch roster that needs to be included when submitting your Branch Reimbursement Certificate.

NALC Health Benefit Plan - Branch Printout Request

Branch #: __________________________

Name: ________________________________

Title: ________________________________

Address: ____________________________________________

________________________________________

☐ I request a Branch printout for the Branch Reimbursement Certificate (January 2017).
Branch Reimbursement CERTIFICATE

REIMBURSEMENT WILL NOT BE CONSIDERED UNLESS THIS CERTIFICATE IS COMPLETED IN FULL. EVERY BLANK MUST BE FILLED IN. PLEASE PRINT.

DEADLINE: April 30, 2017

Branch Number__________ Branch Secretary___________________________________________

Branch Address _______________________________________________________________________

City_________________________ State______ Zip___________

Branch Phone #___________________ Branch E-mail_________________________________

I certify that for the calendar year 2016, the above-referenced Branch incurred expenses for and on behalf of the NALC Health Benefit Plan. I further certify that expenses were incurred for the following reasons: (a) contacting hospital authorities and physicians to familiarize them with our Plan and to distribute claim forms and similar material relating to the Plan; and (b) assisting enrollees in filing claims properly, and distributing necessary forms to them for submission to the Plan.

I further certify that the number of members shown below includes only employees and annuitants enrolled under the Plans on December 31, 2016, and does not include any enrollment terminated before December 31, 2016, any type of converted members, or any annuitant who retired prior to July 1, 1960.

As reimbursement, the Branch is willing to accept (1) seventy-five cents ($0.75) for each member enrolled in the NALC Health Benefit Plan High Option, CDHP Option or Value Option on December 31, 2016, OR (2) the amount of expenses incurred, whichever amount is less.

PLEASE OBTAIN YOUR BRANCH ROSTER BY CONTACTING THE PLAN AT 1-888-636-NALC (6252) (ASK TO SPEAK TO SOMEONE IN THE EXECUTIVE OFFICE) FOR YOUR BRANCH MEMBERSHIP ENROLLED UNDER THE PLANS ON DECEMBER 31, 2016.

1. Number of members_______ @ $0.75 =$_________

2. Amount of expenses incurred for the calendar year 2016 = $_________

Date Submitted Name ___________________________ Title (must be Branch President or Secretary)
In This HBR Report

- Seminar Information
- Seminar Registration
- Who is Your HBR?
- Branch Printout Request
- Branch Reimbursement Certificate

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