

**BEECH RIVER BAPTIST ASSOCIATION  
RESOLUTION ADOPTING  
MEDICAL EXPENSE REIMBURSEMENT PLAN**

**BE IT RESOLVED by the personnel committee of Beech River Baptist Association that...**

1. Pursuant to Internal Revenue Code Section 105, the Association shall provide medical insurance coverage for full time employees who have served on a regular full-time basis for no less than six months. Full-time employees shall be defined as any employee who works a minimum of 40 hours per week.
  
2. Pursuant to Internal Revenue Code Section 105, the Association shall herewith provide reimbursement to cover eligible expenses for medical expenses not otherwise covered under insurance or other forms of reimbursement. The plan shall work as follows:
  - A. Employees incurring a qualified expense shall, on a monthly basis (by the 5<sup>th</sup> day of the month following), submit appropriate documentation (copies of paid bills, receipts, etc.) to the Association Secretary for approval by the Chairman of the Personnel Committee. Should any question arise as to the validity of a claim, the Association Treasurer and Chairman of the Budget & Stewardship Committee shall be consulted for a final decision. The Association Treasurer or Financial Secretary shall then reimburse the properly reported and approved expense within 10 days after receiving the appropriate documentation.
  
  - B. Reimbursements will be made only to the employee and not paid directly to any individual, agency, institution, establishment or other provider of qualifying medical expenses. No advance payments will be made for anticipated qualifying medical expenses.
  
  - C. Pursuant to Internal Revenue Code Section 105, reimbursement received under this plan shall not be taxable to the employee who receives reimbursement.
  
  - D. Reimbursements shall be payable for any employee as defined herein, the spouse, and any legal dependents of the employee. For purposes of this plan legal dependents shall include any dependents listed on the employee's most recent Individual Income Tax Return (IRS Form 1040).
  
  - E. The Association reserves the right to place limits on the amount of reimbursements in any given year. The Personnel Committee shall review this plan annually for the purpose of setting budgetary limits and shall make initial recommendations to the budget committee which shall make final recommendations on said reimbursements to be included in the Association budget for Association approval.

F. Qualifying medical expenses shall include:

1. Any necessary medical expenses (including but not limited to those listed below) limited only by a predetermined budgetary amount as may be implemented by the Association.
2. Supplemental medical insurance, dependent coverage or supplemental medical insurance.
3. Ambulance hire
4. Artificial limbs
5. Artificial teeth
6. Braces
7. Braille books and magazines
8. Care for a mentally handicapped child
9. Chiropractors
10. Co-insurance
11. Confinement due to physical or mental illness
12. Cosmetic surgery for accident or illness
13. Crutches
14. Dental fees
15. Dentures
16. Diagnostic fees
17. Dialysis and related expenses
18. Drug rehabilitation services
19. Electrolysis
20. Eyeglasses, including exam fee
21. Fees for physicians, chiropractors, surgeons, licensed osteopaths
22. Hair transplants
23. Health insurance
24. Hearing devices and batteries
25. Home improvements necessitated by medical conditions
26. Hospital bills
27. Insulin
28. Insurance – medical coverage for dependents and supplemental insurance
29. Insurance deductibles
30. Laboratory fees
31. Laetrile by prescription
32. Mileage reimbursement at the standard IRS rate for medical expenses
33. Nurses fees (including board and taxes paid)
34. Obstetrical expenses
35. Operations and related treatments
36. Orthodontia
37. Orthopedic shoes
38. Oxygen
39. Physician fees

40. Physician-prescribed drugs and medical supplies
41. Physician-prescribed medicines, vitamins, contraceptives
42. Physician-prescribed special diets
43. Physician-recommended pool, spa (installation and maintenance)
44. Psychologist's fees
45. Routine physicals, non-diagnostic services or treatments
46. "Seeing eye" dog (including upkeep)
47. Smoking cessation programs
48. Special care for retarded persons
49. Special communication equipment for the deaf
50. Special education for handicapped persons
51. Special education for the blind
52. Special plumbing for the handicapped
53. Therapy treatments
54. Transportation expenses related to receiving healthcare
55. Treatment for alcoholism
56. Travel expenses including food and lodging
57. Wheelchair and other machines to increase mobility
58. Wigs necessitated by medical conditions

G. The plan shall also include reimbursement for travel for necessary medical treatment, including mileage, lodging and meals, air fare, rental car, taxi, parking and tolls, and other related travel expenses. The employee shall substantiate with mileage records and pertinent receipts for travel made and substantiation of medical services received as a result of said travel.

H. This plan shall take effect January 1, 2004, and shall be revised, restated, or otherwise be continued into future years, as long as said plan is legal and applicable, by action of the Association.

#### **ACKNOWLEDGMENT**

I, the undersigned, as Moderator of Beech River Baptist Association, do hereby certify that the foregoing is a true and correct copy of the resolution authorizing the adoption of said compensation plan under the conditions described, and that the foregoing resolution was adopted by majority vote of the members present at the regularly scheduled business meeting of Beech River Baptist Association on November 20, 2003.

Signed by:                    <Rev. Jimmy Burroughs>  
Beech River Baptist Association Moderator