

# The Dow Chemical Company

## Retirement Health Care Assistance Plan (RHCAP) Claim Form

### Retiree Information (Please print)

Name \_\_\_\_\_ Dow ID Number \_\_\_\_\_  
 Dow Spouse ID Number \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you a Surviving Spouse?  Yes  No

### List of Premiums Paid

Please attach proof of each health care insurance premium payment you list. Acceptable forms of proof include copies of the premium invoice and the check or money order used to pay it, or copies of pension check-stubs that display health care insurance premium deductions. You may include premiums from two different insurance companies.

Name of Retiree, Spouse of Record or Dependent Child	Type of Premium	Date of Payment	Amount to be Reimbursed
<b>Total amount of premiums</b>			<b>\$</b>

### Spouse of Record and Dependent Child Information (if health care insurance premiums are for your Spouse of Record or for a Dependent Child)

Name	Date of Birth	Relationship
Name	Date of Birth	Relationship

### Signature

I certify that the medical premiums listed above qualify for reimbursement and have been incurred and paid by me or by eligible members of my family. I (or my Spouse of Record or Dependent Child) have not, or am not, claiming the premiums for tax credit under the Internal Revenue Code ("IRC"), and further, the premiums have not been paid using pre-tax dollars under the auspices of the IRC. If I am a Surviving Spouse, I have not remarried. Bills, statements, or other proof of these medical premium payments are attached.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Please mail claims to:</b> <i>RHCAP Claims Processing          Dow Benefits Center          P.O. Box 2169          Midland, MI 48641-2169</i>	For questions, call the Retiree Service Center at (800) 344-0661 or (989) 636-0977.
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If your claim is denied, you will receive written notice of (1) specific reasons for the denial; (2) a description of the additional material or information necessary to qualify the claim; if any, and (3) explanation of the RHCAP claim review and appeal procedure.

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