

Mahoning & Trumbull County Building Trades Insurance Fund

33 Fitch Boulevard • Austintown, Ohio 44515

Phone: (330) 270-0453



Toll Free: 800-435-2388

REIMBURSEMENT FROM PERSONAL CARE ACCOUNT

REQUEST FOR REIMBURSEMENT OF MEDICAL EXPENSES NOT PAID BY
THE HEALTH AND WELFARE FUND

EMPLOYEE NAME _____

ADDRESS _____

PHONE NO. _____

SOCIAL SECURITY NUMBER _____

AMOUNT OF DEDUCTIBLE MET \$ _____

AMOUNT OF CO-INSURANCE \$ _____

VISION CARE (**attach receipts**) \$ _____

DENTAL CARE (**attach receipts**) \$ _____

OTHER EXPENSES (**attach receipts**) \$ _____
(not covered by the Health & Welfare Fund)

SELF PAYMENT BILLING (**attach copy of billing**) \$ _____

Check here if you elect to have your self-payment remitted directly to your health fund

TOTAL \$ _____

Please complete the above, attach a copy of your EOB (Explanation of Benefits) from the Health & Welfare Plan where applicable, and receipts showing payments were made for expenses not covered by the Health & Welfare Plan, sign and return this form to:

MAHONING AND TRUMBULL COUNTY BUILDING TRADES
INSURANCE FUND
33 Fitch Boulevard
Austintown, OH 44515

Please call first to check the status of your account before filing large dollar claims and **PLEASE MAKE A COPY FOR YOURSELF OF ALL CHARGES SUBMITTED IN THE EVENT OF LOSS.**

EMPLOYEE SIGNATURE _____ DATE _____

****Not valid unless signed and dated by Employee****