## BANK PLAN REIMBURSEMENT FORM

## INTERNATIONAL ASSOCIATION OF HEAT & FROST INSULATORS & ALLIED WORKERS LOCAL #3 HEALTH AND WELFARE FUND 33 Fitch Boulevard Austintown, Ohio 44515

Member's Name			Social Security No.	
			Home Phone:	
Address			Cell Phone:	
City, State,	Zip		Fax:	
		copy of cancelled checks and/or recells and cancelled checks as the origi		
Date	Patient Name	Name of Provider of Service	Service or Illness	Member Total
MEMBER SIGNATURE		DATE		\$
		For Office Use Only		
Date Received				Total Amount Approved
Approved by	y Union Trustee			Total Available Funds
Approved by Employer Trustee		· <u>·</u>		Total Paid

Balance Available Funds

Check No.

Date Paid