

**IRON WORKERS LOCAL UNION NO. 207**  
**Voluntary Employee Benefit Association Plan**

*Office Location*  
33 Fitch Boulevard  
Austintown, Ohio 44515

Phone: 330/270-0453  
Toll Free: 1-800-589-8041  
Fax: 330/270-0912

**AUTHORIZATION FOR DISBURSEMENT FROM  
MEDICAL REIMBURSEMENT ACCOUNT**

**REQUEST FOR REIMBURSEMENT OF MEDICAL EXPENSES**

EMPLOYEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE NO. \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

AMOUNT OF DEDUCTIBLE \$ \_\_\_\_\_

AMOUNT OF CO-INSURANCE \$ \_\_\_\_\_

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

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

OTHER MEDICAL EXPENSES (**attach receipts**) \$ \_\_\_\_\_  
(not covered by the Health & Welfare 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:

IRON WORKERS LOCAL UNION NO. 207  
VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION PLAN  
33 Fitch Boulevard  
Austintown, Ohio 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\*\***

**IRON WORKERS LOCAL UNION NO. 207**  
**Voluntary Employee Benefit Association Plan**

*Office Location*  
33 Fitch Boulevard  
Austintown, Ohio 44515

Phone: 330/270-0453  
Toll Free: 1-800-589-8041  
Fax: 330/270-0912

**AUTHORIZATION FOR DISBURSEMENT FROM  
MEDICAL REIMBURSEMENT ACCOUNT**

REQUEST FOR PAYMENT OF HOSPITALIZATION PREMIUMS

EMPLOYEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE NO. \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ACTIVE SELF-PAYMENT \$ \_\_\_\_\_

OR

RETIREE SELF-PAYMENT \$ \_\_\_\_\_

Please complete the above, attach a copy of your premium notification, sign and return this form to:

IRON WORKERS LOCAL UNION NO. 207  
VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION PLAN  
33 Fitch Boulevard  
Austintown, Ohio 44515

**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\*\***