

Plumbers and Pipefitters Local Union #94  
Fringe Benefit Funds

PAUL J. LAIR, Chairman  
2541 Broad Avenue, NW  
Canton, Ohio 44708

33 Fitch Boulevard  
Austintown, Ohio 44515  
Phone: 330/270-0453  
Toll Free: 800/435-2388  
Fax: 330/270-0912

JOSEPH M. FRIEDMAN, Secretary  
Kauffman Plumbing & Heating  
600 - 3<sup>rd</sup> Street SE  
Canton, OH 44702

**AUTHORIZATION FOR DISBURSEMENT FROM  
MEDICAL REIMBURSEMENT ACCOUNT**

REQUEST FOR REIMBURSEMENT OF MEDICAL EXPENSES

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

ADDRESS \_\_\_\_\_

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

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

I am requesting payment for the following charges for which I have not been reimbursed, and for which I have not and will not be claiming a federal income tax deduction:

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

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

VISION CARE (**attach receipts**) \$ \_\_\_\_\_  
(Not covered by the Health & Welfare Fund)

DENTAL CARE (**attach receipts**) \$ \_\_\_\_\_  
(Not covered by the Health & Welfare Fund)

OTHER MEDICAL 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

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:

PLUMBERS AND PIPEFITTERS LOCAL UNION #94  
FRINGE BENEFIT FUNDS  
33 Fitch Boulevard  
Austintown, Ohio 44515

All expenses submitted for a quarter (other than self-payments) will be reimbursed in the months of March, June, September, and December. 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\*\***