

# Plumbers and Pipefitters Local Union #94 Health and Welfare Fund

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

33 Fitch Boulevard  
Austintown, OH 44515  
Phone: 330-270-0453  
Toll Free: 800-435-2388  
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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:

\_\_\_\_\_  
Street City, State Zip  
\_\_\_\_\_  
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 HEALTH AND WELFARE FUND  
33 Fitch Blvd.  
Austintown, OH 44515

All eligible expenses submitted during a calendar month (other than self-payments) will be reimbursed the following calendar month. For example, claims received by the end of January will be reimbursed in February. Please call first to check the status of your account before filing large dollar claims.

**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\*\***