



# HEALTH REIMBURSEMENT ACCOUNT EXPENSE FORM

Mail to:  
CENTRAL LABORERS' WELFARE FUND  
P.O. Box 1267  
Jacksonville, IL 62650-1267

Phone: 1-800-252-6571

No. of pages: \_\_\_\_\_

PLAN PARTICIPANT/SPOUSE INFORMATION		
FIRST NAME:	LAST NAME:	PLAN ID NUMBER:
DAYTIME PHONE:	E-MAIL:	DATE OF BIRTH:

**Note: Reimbursements will be sent to the address on file with Central Laborers' Welfare Fund. If an address change or update is needed, please contact your the Fund Office for a Change of Address Form.**

HEALTH REIMBURSEMENT EXPENSES					
SERVICE START DATE	SERVICE END DATE	SERVICE PROVIDER	SERVICE DESCRIPTION	WHO INCURRED EXPENSE	AMOUNT
Total Amount Requested from your <b>Health Reimbursement Account</b>					\$

### REIMBURSEMENT INFORMATION

Claim Attachments: Please follow these guidelines to ensure proper processing of your claim.

- Submit a paid receipt from your service provider that shows date(s) and type(s) of service (e.g., bill(s) or receipt(s) from the doctor, hospital, lab, pharmacy, etc.), any other insurance plan's explanation of benefits (EOB), if applicable, or indicate that the reimbursement is for a self-payment..
- Credit card receipts, cancelled checks, or cash register receipts CANNOT be accepted.
- Please keep copies of all items submitted.

This is to certify that I have incurred expenses in the amounts shown above that qualify for reimbursement under the provisions of my Health Reimbursement Account Wellness Program (HRAWP).

### AUTHORIZATION

I am attaching documentation from my service provider, if applicable, that shows date(s) and type(s) of service (e.g., bill(s) or receipt(s) from the doctor, hospital, lab, pharmacy, etc.) and primary EOB, if applicable. I certify that these expenses have been incurred and have not been reimbursed, or are not reimbursable, under any other health plan coverage. These expenses are being reimbursed by my Health Reimbursement Account. Therefore, they may not be claimed on my income tax filings at year's end.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_