



# NECA/IBEW FAMILY MEDICAL CARE PLAN

CompuSys, Inc.  
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## **SPECIAL FUND ACCOUNT REIMBURSEMENT REQUEST FORM**

- Type or print information (items 1 through 8) on the Employee Section below. Only **one patient** can be listed on a request form. However, **more than one provider can be listed for that one patient.**
- Enter total amount for which claim is being made in the appropriate sections. **A minimum of \$50 should be accumulated before you submit a claim.**
- Supporting documentation must accompany this request form. Supporting documentation includes the following:
  - Explanation of Benefit Statement(s) indicating deductibles, co-insurance, co-payment or amounts in excess of usual and customary charges from any medical/dental plan(s) under which you and/or any of your eligible dependents are covered, or **if the expense is not covered under your medical/dental plan**, itemized bills from doctors, dentists or other suppliers for insured expenses.
- Retain copies of supporting documentation for your records.
- Send completed claim form and supporting documentation, in a personal and confidential envelope, to the Administrative Office at the address above.

**NOTE: ANY ITEMS FOR WHICH YOU ARE REIMBURSED CANNOT BE CLAIMED AS DEDUCTIONS OR CREDITS ON YOUR FEDERAL INCOME TAX RETURNS.**

<b>1. Employee's Name</b>	<b>2. Soc. Sec. No.</b>		<b>3. Address</b>
<b>4. Patient's Name</b>	<b>5. Relationship</b>	<b>6. Local Union</b>	
<b>7. Provider Name(s)</b>	<b>8. I have medical coverage through the NECA/IBEW Family Medical Care Plan: yes <input type="checkbox"/> no <input type="checkbox"/></b>		

### **UNREIMBURSED HEALTH CARE EXPENSES**

	Date of Service	Claim Amount to be Reimbursed
Medical/Dental/Vision	_____	\$ _____
Other	_____	\$ _____
COBRA/Self Pay	_____	\$ _____
	<b>Total \$</b>	<b>\$ _____</b>

I certify that either I and/or my eligible dependents have incurred the expenses for which reimbursement is claimed from the Special Fund Account and I further declare that I have not and will not deduct these expenses on my individual income tax returns. No assignment will be accepted.

Employee Signature

Date

