NECA-LOCAL NO. 145 IBEW WELFARE FUND
HEALTH REIMBURSEMENT ACCOUNT PROGRAM
SELF-CONTRIBUTION REIMBURSEMENT REQUEST FORM

Member Information

Name_____ Social Security Number_____

Address_____

Instructions: Complete the table below on this form for self-contribution reimbursement. **The amount for self-contribution reimbursement can be less than $100.00 or more.** Please sign and date this Form then send it to the Fund Office 1700 52nd Avenue, Ste. B, Moline, Illinois 61265 Attn: Claims Coordinator. Requests received by the Fund Office on or before the last business day of the month will be processed early the next month. If the member is entitled to reimbursement under the rules & provisions of this Plan, the reimbursement check will be issued on or about the fifteenth day of the month following the month in which the request was received. Requests that are submitted to the Fund Office on a non-business day **WILL BE** dated as being accepted on the next business day.

INFORMATION THAT MUST BE PROVIDED BEFORE SELF-CONTRIBUTION REIMBURSEMENT WILL BE ISSUED

1. Completed Reimbursement Request Form,
2. **Any part of this form that is not completed properly will be returned to the member without reimbursement.**

To the best of my knowledge & belief, my statements on this Form are complete & true. I certify I have this expense as an out-of-pocket and that it qualifies as a valid expense under the Plan. I have not been reimbursed previously for this expense under the Health Reimbursement Account Program. This expense has not been reimbursed or has not reimbursable under any other source available for reimbursement (e.g. the Fund's health plan or any other health plan, such as my Spouse's plan). I understand that the expense reimbursed may not be used to claim any federal income tax deduction or credit. I authorize a deduction in my Health Reimbursement Account in the amount of the reimbursement.

EMPLOYEE'S SIGNATURE_____ **DATE**_____

DATE	PRINT MEMBER'S NAME	PRINT DATES OF COVERAGE	PRINT DATES OF QUARTER	AMOUNT	FOR OFFICE USE ONLY
TOTAL					