

2010
MEDICAL REIMBURSEMENT ALLOWANCE
HEALTH CARE REIMBURSEMENT REQUEST FORM

PLUMBERS & PIPEFITTERS MEDICAL FUND
7130 Columbia Gateway Drive, Suite A Columbia, MD 21046
Phone: 1-800-741-9249

1. Type or print on the Employee Section below.
2. A. Active Members: Accumulate at least \$300.00 in expenses **incurred between January 1 and December 31, 2010** to be reimbursed before submitting a claim. Claims which are under \$300 must be submitted after December 31, 2010, but before March 31, 2011.
- B. Retired Members: Accumulate at least \$300.00 in expenses **incurred between January 1 and December 31, 2010** to be reimbursed before submitting a claim. Claims which are under \$300 must be submitted after December 31, 2010, but before March 31, 2011. (If you are requesting reimbursement for a self-payment, it is not necessary to submit a copy of your self-payment check.)
3. Supporting documentation **must** accompany this request form. Supporting documentation includes the following:
 - a copy of the **EXPLANATION OF BENEFITS** from Plumbers and Pipefitters Medical Fund.
 - an **ITEMIZED BILL** from the provider
 - acceptable proof that you paid the expenses and they were not reimbursed by this or any other Plan. **FOR EXAMPLE, CANCELED CHECK, STORE RECEIPT, CREDIT CARD INVOICE, etc.**
4. Retain copies of supporting documentation for your records, as those submitted will not be returned.
5. Send completed claim form and supporting documentation directly to Plumbers & Pipefitters Medical Fund, 7130 Columbia Gateway Drive, Suite A, Columbia, MD 21046.

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

EMPLOYEE SECTION

NAME	SOCIAL SECURITY NO.	
ADDRESS	PHONE	
CITY	STATE	ZIP CODE

FUND OFFICE SECTION

CHECK NO:	AMT:	DATE:	CLAIM NO:
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I certify that either I and/or my eligible dependent(s) have incurred the expenses for which reimbursement is claimed from the Medical Reimbursement Allowance and I further declare that I have not and will not deduct these expenses on my individual Income Tax Return. No assignment will be accepted. All payments will be made to the employee.

Employee Signature

Date