

Instructions:

1. If you are submitting expenses eligible under another insurance plan, you must submit an Explanation of Benefits (EOB) statement
2. Originals of **all bills (and EOB if required)** for reimbursement must be enclosed with this completed reimbursement form.

Bills must include:

- Proof of payment for each claim
- Name of person providing the service
- Dates of service
- Description of the service(s) rendered
- The amount charged
- The name of person receiving services

SEND COMPLETED CLAIM FORM TO:

Mail: UA LOCAL 13
PLUMBERS & PIPEFITTERS
FUND OFFICE
1850 MT. READ BLVD
ROCHESTER NY 14615

P (585) 338-2310