

ADMINISTRATION OFFICE
SHEET METAL WORKERS LOCAL NO. 110
HEALTH FUND

609 THIRD AVENUE • CHESAPEAKE, OHIO 45619 • TELEPHONE: (304) 525-0331 • FAX: (740) 867-4300

DEDUCTIBLE REIMBURSEMENT BENEFIT CLAIM FORM

COVERAGE FIRST \$1,000 AND COVERAGE FIRST \$2,500 BENEFIT PROGRAMS

Participant's Name _____

Social Security Number _____

Dependent's Name _____

Date(s) of Service _____

Participant's Signature _____ Date _____

You must attach a copy of the Explanation of Benefits (EOB) from Humana to receive reimbursement. All claims must be filed within 180 days after the end of the calendar year for which deductible reimbursement is being sought.

Attach Humana EOB here: