

SHEET METAL WORKERS LOCAL NO. 110 HEALTH FUND

7711 Beulah Church Road

Louisville, KY 40228

**FLU SHOT
CLAIM FORM**

Name of Insured: _____ Soc Sec #: _____

Name of Dependent: _____

Date of Service: _____

Provider Name: _____

Provider Signature: _____

Attach receipt here:

Please complete this form and return it to the address listed above.
You must complete one form for each dependent.