

Mahoning & Trumbull County Building Trades

Personal Care Account

PO Box 1129

Troy, MI 48099-1129

1-800-435-2388

e-mail: flexclaims@benesys.com

Fax: 248-556-2597

AUTHORIZATION FOR DISBURSEMENT FROM PERSONAL CARE ACCOUNT

REQUEST FOR REIMBURSEMENT OF MEDICAL EXPENSES

EMPLOYEE NAME _____

ADDRESS _____

PHONE NO. _____

SOCIAL SECURITY NUMBER _____

I am requesting payment for the following charges for which I have not been reimbursed, and for which I have not and will not be claiming a federal income tax deduction:

AMOUNT OF DEDUCTIBLE (ATTACH EOB) \$ _____

AMOUNT OF CO-INSURANCE (ATTACHED EOB) \$ _____

VISION CARE (**attach receipts**) \$ _____

DENTAL CARE (**attach receipts**) \$ _____

OTHER MEDICAL EXPENSES (**attach receipts**) \$ _____
(not covered by the Health & Welfare Fund)

SELF-PAYMENT BILLING (**attach copy of billing**) \$ _____

Check here if you elect to have your self-payment remitted directly to your health fund

Please complete the above, attach a copy of your EOB (Explanation of Benefits) from the Health & Welfare Plan where applicable, and receipts showing payments were made for expenses not covered by the Health & Welfare Plan, sign and return this form to:

Mahoning & Trumbull County Building Trades

Personal Care Account

PO Box 1129

Troy, MI 48099-1129

or

E-MAIL TO:

flexclaims@benesys.com

or

Fax: 1-248-556-2597

PLEASE CALL FIRST TO CHECK THE STATUS OF YOUR ACCOUNT BEFORE FILING LARGE DOLLAR CLAIMS AND **PLEASE MAKE A COPY FOR YOURSELF OF ALL CHARGES SUBMITTED IN THE EVENT OF LOSS.**

EMPLOYEE SIGNATURE _____ DATE _____

Not valid unless signed and dated by Employee