

Plumbers, Pipefitters & MES

Local Union No. 392 Health & Welfare Fund

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1228 CENTRAL PARKWAY · ROOM 100
CINCINNATI, OH 45202

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SPECIAL FUND PAYMENT REQUEST FORM

Name _____

Member SS# _____

Address _____

Phone # _____

Is this a change of address? ____ Yes

REQUEST FOR SELF-PAYMENTS

- Active Self-payment
6mo. period _____
Amount \$ _____
- Retiree Payment
Month _____
Amount \$ _____
- COBRA Payment
Month _____
Amount \$ _____

REQUEST FOR MISCELLANEOUS EXPENSES

Medical Expenses \$ _____
Dental Expenses \$ _____
Vision Expenses \$ _____
Prescription Expenses \$ _____
Other Expenses \$ _____

Total \$ _____

You must enclose your explanation of benefits when making a claim. If you are requesting reimbursement for an expense covered by the Plan and/or another group health plan, you must also enclose copies of all the explanation of benefits (EOBS) from the other insurance plan. Unless we have already coordinated benefits on these claims and have a copy in our records.

After you have completed and signed this form, submit it the Fund Office at the address shown at the top of this page along with the required documentation. Please note the participant can only make a request to the Special Fund for reimbursement and must sign this form.

If you do not have enough available in your Special Fund to cover a requested reimbursement, you will be sent the amount available. Payment will then be dispersed each time contributions are received (on a monthly basis) until you are paid in full. If you have a zero balance in your account we will send the request back to you to file at a later date.

Date _____

Signature _____

Covered Expenses That Can Be Reimbursed by the Special Fund

- Deductibles and co-payments from the regular benefit plan.
- Acupuncture.
- Self-payments for active, retiree, widow, spouse or COBRA coverage.
- Medical expenses not covered by or in excess of the regular benefit plan.
- Dental expenses not covered by or in excess of the regular benefit plan.
- Vision expenses not covered by or in excess of the regular benefit plan.
- Hearing aids and examinations not covered by or in excess of the regular benefit plan.
- Christian Science practitioners.
- Guide dogs for blind or deaf persons.
- Healthcare insurance premiums.
- Certain travel and lodging expenses while accompanying a patient. The patient's physician must certify that the family member's presence is necessary for the treatment (contact the Fund Office for details and limits).
- Qualified special schooling for the mentally impaired or physically disabled. The schooling must be medically necessary and the school must qualify with the IRS as a special school (contact the Fund Office for requirements).
- Smoking cessation programs.
- Special telephone and television equipment for hearing impaired persons.
- Certain transportation expenses for medical treatment.
- Surgery or laser treatments to correct vision.
- Weight loss programs, but not food or dietary supplements.

Non-Covered Expenses

- Cosmetic surgery and treatments.
- Health club memberships or expenses.
- Household help.
- Expenses for which you have been reimbursed by some other source.

Important Reminder

This is not a savings account or a retirement account, and you are not vested in the balance. Amounts in the account may be used only for the expenses shown above.

The list of covered expenses and any of the Special Fund's rules and procedures can be changed at any time by the Board of Trustees.