

# FAMILY SUPPLEMENTAL BENEFIT CLAIM FORM

Please submit original documents and receipts. Mail to:  
Midwest Operating Engineers Fringe Benefit Funds Office  
6150 Joliet Road  
Countryside, IL 60525

MEMBER'S NAME: \_\_\_\_\_

MEMBER'S MEDICAL ID #: \_\_\_\_\_

MEMBER'S ADDRESS: \_\_\_\_\_

STREET

UNIT/APT.

CITY

STATE

ZIP CODE

MEMBER'S TELEPHONE #: \_\_\_\_\_

**PLEASE NOTE: YOU MUST SUBMIT ORIGINAL DOCUMENTS. FAXED COPIES ARE NOT ACCEPTABLE.**

- Expenses that may be reimbursed are those expenses you or your eligible dependent(s) have, which are not covered or not paid by any other portion of the Midwest Operating Engineers Welfare Fund, or any other plan. Expenses applied to your individual deductible, or out of pocket amounts, are not eligible for reimbursement.
- You must attach an itemized receipt from the doctor, dentist, or other supplier which identifies the person receiving the service, or a copy of the Explanation of Benefits, denying the charge. The documentation that you submit to the Fund Office **must identify all amounts paid by you on behalf of this claim.** Keep copies of your receipts or benefits statements for you records. Those you submit with your claim will not be returned.
- The member must have been eligible at the time the expense was incurred.
- Active and Retired members are eligible for this benefit.
- Your claim must be received by the Fund Office **no later than one year from the date of service.**

I authorize my physician and or any other provider of service to provide the Midwest Operating Engineers Welfare Fund with any information deemed necessary by the Fund to adjudicate this claim. Additionally, I certify that either I and/or my eligible dependent(s) have incurred the expenses for which reimbursement is claimed from the Family Supplemental Benefit. I further declare that I have not, and will not, deduct these expenses on my individual income tax returns. No assignment will be accepted. All payments will be made to the member.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date