



SOUTHERN PAINTERS WELFARE FUND

Administered by Southern Benefit Administrators, Incorporated



Mailing Address:
P.O. Box 1449
Goodlettsville, TN 37070-1449

Telephone: (615) 859-0131
Toll-Free (800) 831-4914
Fax: (615) 859-4699

Street Address:
2001 Caldwell Drive
Goodlettsville, TN 37072-3589

MEDICAL REIMBURSEMENT FORM

MEMBER INFORMATION – Please provide all requested information

Member Name (Last, First, MI)	Member Social Security No.
Street Address <input type="checkbox"/> Check Here if this is a Change of Address	
City, State, Zip Code	Telephone ()

MEDICAL EXPENSES INCURRED BY YOU, YOUR SPOUSE, OR YOUR ELIGIBLE DEPENDENT CHILDREN:

Please attach documentation.

Name of Provider	Date of Service	Amount
1. _____	_____	\$ _____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
Total of Reimbursement		\$ _____

AUTHORIZATION – Please read the paragraph below, then sign and date

I hereby certify that the expenses listed above have not been reimbursed and are not reimbursable under any other insurance policy, plan, program or under any federal or state program, I also certify that I have not taken the expense as a deduction for income tax purposes. <u>I also certify that these expenses have been paid by myself and are not duplicates of previously submitted claims.</u> Limited to expenses incurred within 12 months from the date of service.	
Member Signature	Date

Reimbursement forms MUST be received in the Fund Office no later than the 10th of the month to have a check issued on the 15th of the month

YOU MUST MAIL THIS FORM ALONG WITH ITEMIZED RECEIPTS AND PROOF OF PAYMENT TO THE FUND OFFICE FOR REIMBURSEMENT. ABSOLUTELY NO FAXES OR EMAILS WILL BE ACCEPTED.

Si le interesa leer esta correspondencia en español por favor contacta la Oficina del Fondo.
Servicios para miembros en español a 1-800-831-4914