



IRON WORKERS'

Tri-State Welfare Fund

20 N Martingale Road Suite 290
 Schaumburg, Illinois 60173
 Toll-Free 844-395-4467
 Fax 855-978-2331
 www.tristatewelfarefund.com
 tristateiron@groupadministrators.com

HEALTHY FOUNDATIONS ACCOUNT (HRA) REIMBURSEMENT REQUEST

NAME _____
 SOCIAL SECURITY # _____ PHONE # _____
 ADDRESS _____

REQUEST FOR SELF-PAYMENT		
	<u>SELF-PAY AMOUNT</u>	<u>ELIGIBILITY MONTH(S)</u>
REGULAR SELF-PAYMENT	\$ _____	_____
COBRA PAYMENT	\$ _____	_____

For self-payments, only complete sections above, sign and date. You may fax to 855-978-2331 or email to tristateiron@groupadministrators.com. If a check is also included, mail this form and your check to the mailing address indicated at the bottom of your self-pay letter. For monthly installment payments, you will need to submit this authorization form for each payment.

REQUEST FOR REIMBURSEMENT OF OUT OF POCKET EXPENSES	
<u>EXPENSES (Describe type of expense)</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

For reimbursement of expenses, complete the information below for payment by direct deposit. You must include an itemized bill, proof of payment, and Explanation of Benefits.

Name of Financial Institution: _____ Checking Savings

Routing Number:

Account Number:

Signature: _____ Date: _____