**Teamsters Local Union 1035, Health Services and Insurance Plan**

400 Chapel Road • South Windsor, CT 06074

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*Union Trustees*

Christopher Roos
Glenn Barksdale

*Employer Trustees*

Paul Novak
James Stack

# Prescription (RX) Reimbursement Form

## Part 1 – Member Information

Member Name_____

Member ID Number_____

## Part 2 – Attach copy of receipt

| Claimant Name | Relationship to Member | Receipt Date | Amount Paid |
|---|---|---|---|
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