# GENERAL TEAMSTERS LOCAL UNION 493

## HEALTH SERVICES AND INSURANCE PLAN

**UNION TRUSTEES**
Thomas Schlink
Bevan Sweet

**EMPLOYER TRUSTEES**
Nicholas Reut
Jon Hendel

# Massage Therapy 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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