GENERAL TEAMSTERS LOCAL UNION 493

HEALTH SERVICES AND INSURANCE PLAN

UNION TRUSTEES
Thomas Schlink
Bevan Sweet

EMPLOYER TRUSTEES
Nicholas Reut
Jon Hendel

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