

TEAMSTERS' HEALTH SERVICES AND INSURANCE PLAN OF LOCAL UNION 404

115 Progress Avenue
 Springfield, MA 01104 • Tel. 1-413-733-2191
 FAX 1-413-732-7147

Massage Therapy Reimbursement Form

Part 1 - Member Information

Member Name _____

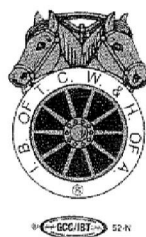
Member ID Number _____

Part 2 - Attach copy of receipt

<u>Claimant Name</u>	<u>Relationship to Member</u>	<u>Receipt Date</u>	<u>Amount Paid</u>

UNION TRUSTEES

Frank A. Rossi, Secretary
 Victor A. Santiago



EMPLOYER TRUSTEES

Robert M. Sullivan, Jr., Chairman