

# SHEET METAL WORKERS (LOCAL 280) HEALTH BENEFIT PLAN

6192 Kingsway, Burnaby, BC V5J 1H5  
 Phone (604) 430-3015 toll free 1-888-892-1168  
 Email: info@smw280benefits.ca

## HEARING AID CLAIM FORM / REIMBURSEMENT STATEMENT

Member Name	Group Number	Identity Number	
Address	City/Province	Postal Code	Area Code / Phone Number

**EXPENSE INFORMATION – Please include paid receipts (originals will NOT be returned) – CLAIMS WILL BE ACCEPTED BY MAIL, FAX OR EMAIL**

Name of claimant <i>ONE CLAIM FORM PER PERSON</i>	Right/Left Ear	Date of Purchase/Service	Amount Paid

Do you or any of the dependents you are claiming reimbursement for have any hearing aid coverage other than provided by this Plan? Y \_\_\_\_\_ N \_\_\_\_\_

Name of other insurance carrier	Group Number	ID Number of person insured
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If another insurance carrier is the first payer of this claim, enclose their explanation of benefits, remittance stub or statement.  
 Dependent children are always covered primarily under the parent who has the earliest birth date in the year (month and day)

*Total reimbursement shall never exceed 100% of the eligible expense*

**I hereby certify that the above listed expenses were incurred by myself, or my dependents, on the dates shown and that the information and amounts are correct. I understand that the Sheet Metal Workers (Local 280) Health Benefit Plan is a reimbursement plan and I am not submitting for any amounts I have not paid for in full.**

I HEREBY AUTHORIZE THE PLAN ADMINISTRATOR TO USE THE INFORMATION PROVIDED BY ME ON THIS FORM TO ADMINISTER MY BENEFITS UNDER THE HEALTH BENEFIT PLAN AND THE PENSION PLAN. I FURTHER CONSENT TO THE RELEASE OF THIS INFORMATION TO MY INSURER(S), IF APPLICABLE AND REQUIRED BY MY INSURER(S), AND TO MY LOCAL UNION OFFICE, IF REQUIRED.

Member's Signature	Date
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### THIS SECTION FOR OFFICE USE ONLY

#### REIMBURSEMENT DESCRIPTION

ITEM	Total Amount Submitted	Total Claim at 80%	Eligible Amount Paid	Cheque Number	Cheque Total
Hearing Aid Right Ear (80% Max \$1,000.00)					
Hearing Aid Left Ear (80% Max \$1,000.00)					
<b>TOTAL:</b>					