

**THE LAKE COUNTY, INDIANA N.E.C.A. – I.B.E.W. HEALTH
AND BENEFIT PLAN**

OTC / AT HOME COVID TEST REIMBURSEMENT FORM

NAME: _____

STREET: _____ CITY: _____

STATE: _____ ZIP CODE: _____ SOCIAL SECURITY #: XXX-XX-_____

MEDICAL ID #: _____ CELL PHONE #: _____

E-MAIL ADDRESS: _____

I _____, understand that:
(Print Name)

1. The Plan will only consider a maximum of 8 test per month.
2. That this benefit is only available to active and non-Medicare eligible covered participants of the Plan.
3. That each participant of the family must submit separate request forms in order to receive this benefit.
4. That the Plan will not reimburse for tests that are utilized for employment purposes.
5. That should it be found that a participant utilized any of these tests for employment purposes, the Plans fraud provisions will immediately come into effect.

I hereby attest that I understand the aforementioned provisions and wish to apply to receive the Lake County Indiana N.E.C.A. - I.B.E.W. Health and Benefit Plan's Covid reimbursement. I further confirm and understand that, pursuant to Federal guidelines, the costs associated with OTC / At home Covid Tests that are utilized for employment purposes are not reimbursable. I acknowledge that I have read the Plan's fraud provisions and understand that utilizing reimbursed tests for employment reasons of any sort, constitutes fraud and will result in the permanent termination of eligibility from the Plan and possible criminal prosecution.

Signature: _____ Date: _____

DIRECT DEPOSIT

I wish to receive my reimbursement via direct deposit to the account at the financial institution that I have listed within this document. As such, I hereby authorize the Lake County Indiana N.E.C.A. – I.B.E.W. Health and Benefit Plan to initiate credit entries to my account listed below, in the financial institution shown. In the event a credit is made to my account in error, I authorize the Lake County Indiana N.E.C.A. – I.B.E.W. Health and Benefit Plan to make a correcting entry, provided I am notified of the adjustment. This authorization is to remain in

