

# MONTHLY PREMIUM REIMBURSEMENT REQUEST FORM

Return Completed Form to:

International Brotherhood of Boilermakers Great Lakes Region Retiree Welfare Plan  
6525 Centurion Drive  
Lansing, MI 48917

Participant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_ Local Union Benefit Requested: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_ Last Month paid to International: \_\_\_\_\_

Date no longer covered under Active Employment: \_\_\_\_\_

Month to be Reimbursed: \_\_\_\_\_ Amount of Premium Reimbursement: \_\_\_\_\_

Name of Other Insurance (i.e. Blue Cross, Anthem, etc.): \_\_\_\_\_

*Please attach proof (void receipt) that you have actually incurred a premium charge for coverage under a qualified Health and Welfare plan for Retired Boilermakers and Their Families.*

## PLEASE FILL IN ALL AREAS.

I certify I have incurred the premium expenses for which reimbursement is claimed from a qualified Health and Welfare Plan and I certify I am not receiving benefits from any other Boilermakers Supplemental Health Care Plan.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

### PROCEDURE FOR APPEALING A CLAIM

Questions regarding the interpretation of the provisions in this Plan Document should be presented to the Administrative Manager, 6525 Centurion Drive, Lansing, Michigan 48917-9275. If the issue is not resolved through informal discussions with the Administrative Manager, then you may present a written complaint to the Board of Trustees, International Brotherhood of Boilermakers Great Lakes Region Retiree Welfare Plan, 6525 Centurion Drive, Lansing, Michigan 48917-9275. The Trustees have complete authority to construe and interpret the provisions of the Plan Document and Trust Agreement with their sole discretion. Your written complaint will be presented at the next regularly scheduled meeting of the Trustees, who will notify you of the resolution of the complaint within 31 days following the meeting of the Board. Any interpretation of the Plan Document or Trust made by the Trustees and their resolution of your complaint shall be final.

### FUND OFFICE USE ONLY

Application Approved by Local Union

Yes

No

Amount of Reimbursement Approved \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**