CompuSys, Inc.
35 Harley Lane
Ringgold, GA 30736

Phone (706) 937-9600 Fax (706) 937-9601 Toll Free (877) 937-9602

SPECIAL FUND ACCOUNT
REIMBURSEMENT REQUEST FORM

1. Type or print information (items 1 through 8) on the Employee Section below. Only **one patient** can be listed on a request form. However, **more than one provider can be listed for that one patient.**
2. Enter total amount for which claim is being made in the appropriate sections. **A minimum of $50 should be accumulated before you submit a claim.**
3. Supporting documentation must accompany this request form. Supporting documentation includes the following:
   - Explanation of Benefit Statement(s) indicating deductibles, co-insurance, co-payment or amounts in excess of usual and customary charges from any medical/dental plan(s) under which you and/or any of your eligible dependents are covered, or **if the expense is not covered under your medical/dental plan,** itemized bills from doctors, dentists or other suppliers for insured expenses.
4. Retain copies of supporting documentation for your records.
5. Send completed claim form and supporting documentation, in a personal and confidential envelope, to the Administrative Office at the address above.

NOTE: ANY ITEMS FOR WHICH YOU ARE REIMBURSED CANNOT BE CLAIMED AS DEDUCTIONS OR CREDITS ON YOUR FEDERAL INCOME TAX RETURNS.

1. Employee's Name	2. Soc. Sec. No.		3. Address
4. Patient's Name	5. Relationship	6. Local Union	
7. Provider Name(s)	8. I have medical coverage through the NECA/IBEW Family Medical Care Plan: yes ☐ no ☐		

UNREIMBURSED HEALTH CARE EXPENSES

	Date of Service	Claim Amount to be Reimbursed
Medical/Dental/Vision	_____	$ _____
Other	_____	$ _____
COBRA/Self Pay	_____	$ _____
	Total $	$ _____ ($50 minimum)

I certify that either I and/or my eligible dependents have incurred the expenses for which reimbursement is claimed from the Special Fund Account and I further declare that I have not and will not deduct these expenses on my individual income tax returns. No assignment will be accepted.

Employee Signature Date