



# IRON WORKERS'

## Tri-State Welfare Fund

953 American Lane Suite 100  
 Schaumburg, Illinois 60173  
 Toll-Free 844-395-4467  
 Fax 847-519-1979  
 www.tristatewelfarefund.com  
 tristateiron@groupadministrators.com

### HEALTHY FOUNDATIONS ACCOUNT (HRA) REIMBURSEMENT REQUEST

NAME \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_ PHONE # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PAYMENT REQUEST FOR SELF-PAYMENT		
	<u>AMOUNT</u>	<u>ELIGIBILITY QTR/MONTH(S)</u>
REGULAR SELF-PAYMENT	\$ _____	_____
COBRA PAYMENT	\$ _____	_____

To make the entire self-pay from your HRA account, you may fax or email this form. If a check is included, please submit this form and your check to the address on your self-pay letter. For installment payments from your HRA, this form is required to be submitted for each installment payment.

PAYMENT REQUEST FOR REIMBURSABLE EXPENSE	
<u>EXPENSES (Describe type of expense)</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

For reimbursement of expenses, complete the information below for payment by direct deposit. You must include an itemized bill, proof of payment, and Explanation of Benefits.

Name of Financial Institution: \_\_\_\_\_  Checking  Savings

Routing Number:

Account Number:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_