

Hour Bank Reimbursement Submission Guidelines:

1. All submissions must be completed on this form **only**. We will not accept any other format.
2. Receipts must be submitted in the same order as they are listed on the form.
3. If you are submitting expenses under another insurance plan, you must submit an Explanation of Benefits (EOB) statement.
4. All Dental expenses must include an Explanation of Benefits (EOB) statement.
5. Originals of all bills (and EOB if required) for reimbursement must be enclosed with this completed reimbursement form. No copies will be accepted.

Claims must include:

- Proof of payment for each claim
- Name of service provider
- Dates of service
- Description of the services rendered
- The amount charged
- The name of the person receiving services

SEND YOUR COMPLETED CLAIM TO:

UA Local 13 Benefit Office
1850 Mt. Read Blvd.
Rochester, NY 14615
Phone: (585) 338-2310

Processing Guidelines:

1. Your 1st claim submission of the plan year, which begins on May 1st, is free. Every subsequent submission in the same plan year will have a \$10 fee. This fee will be deducted from your claim total.
2. A check will be mailed directly to your home. Please be sure to keep your address current with the Benefit Office.

*****Original receipts must be submitted along with proof of payment. If these are not provided, a portion, or all, of your claim may be returned to you.*****