



## Instructions

- I. This Reimbursement Form **must** be completed and signed by both the Participant and Facility Manager. All sections of this Reimbursement Form must be completed before the claim may be considered.
2. The completed **form** must be submitted to the Fund **office** **with** the following items:
  - A. A legible copy of the membership agreement.
  - B. A legible copy of proof of payment (i.e. **cancelled** check, credit card statement, etc.)
3. Please send to:

**UFCW Local 1776 and Participating Employers Health and Welfare Fund**  
**3031 B Walton Road**  
**Plymouth Meeting, PA 19462**