



IBEW Local No. 236
*Health and Benefit Fund,
 Annuity Fund, and Pension Fund*

William J. McDaniel, C.P.A.
 Funds Administrator

CERTIFICATION AND REIMBURSEMENT AGREEMENT

To Be Completed By Participant

I, the undersigned Participant in the IBEW Local 236 Health and Benefit Fund, hereby request a distribution from my Health Reimbursement Account (HRA) for the amount of _____ made payable to myself and the following provider: _____ . I do further certify that these services are either _____ not covered under my Health and Benefit Fund Insurance Benefit (or any other insurance program) or in addition to my insurance or _____ I do not have Insurance.

Participant signature: _____

Dated: _____ (Print Name): _____

To Be Completed By Provider

I agree to accept a 2-party check for payment for the following services and agree to refund IBEW Local 236 Funds Office for any portion of money prepaid by Funds to Provider/Member if services are not completed or cancelled by member or dependent.

Provider signature: _____

Dated: _____ (Print Name): _____