



Member Reimbursement Form

B400

Plumbers and Pipefitters Local 520

P.O. Box 1889

Troy, MI 48099-1889

(717)-565-1101 TOLL FREE (833)-263-5750

Dear Eligible Member

Attached please find the Medical Reimbursement Form for Chiropractic Services, Routine Vision Care Services, Safety Glasses and Hearing Aids that you have incurred and paid for these services on your own and certified the request for reimbursement.

Did you know, the provider of any of these services that you have obtained can bill the Plumbers and Pipefitters Local 520 Benefit Funds directly? If your provider sends their claim form to the address noted below, the Fund will pay them in accordance with plan benefits before you pay out of your own pocket.

Mail Request or Claims Forms to:

Plumbers & Pipefitters Local 520

P.O. Box 1889

Troy, MI 48099-1889