



Plumbing and Pipefitting Workers Local 170
Welfare and Pension Plan
 SUITE 203 - 1658 FOSTER'S WAY, DELTA, BC V3M 6S6
 604-526-3434 | 1-800-665-6808
 WWW.PLUMBERS.BC.CA

65+
Special Senior
Claim Form

MEMBER FIRST & LAST NAME		MEMBER SIN #
MEMBER ADDRESS	CITY	POSTAL CODE

ORIGINALS MUST BE SUBMITTED FOR PROCESSING, otherwise will be returned to the Member

MEDICAL CLAIMS

Name of Claimant	Quantity of Receipts	Year on Receipts	TOTAL AMOUNT (\$) ON RECEIPTS

PROSTATE EXAM (\$35.00 on top of yearly rate)

Name of Claimant	Quantity of Receipts	Year on Receipts	TOTAL AMOUNT (\$) ON RECEIPTS

By signing below you are acknowledging that you are aware that the Special Seniors Benefit is based on the financial stability of the Plan, and that the Welfare Board of Trustees has the sole discretion to amend the Plan in any way, up to and including outright termination of the benefit.

I AUTHORIZE: I hereby certify that the above listed expenses are incurred by my dependents or myself on the date(s) shown and that the information and amounts are correct

Date:

MEMBER'S SIGNATURE / DATE SIGNED (If not signed, this form will be incomplete and may delay your reimbursement)

****PLEASE CONTACT THE WELFARE and PENSION PLAN OFFICE FOR CURRENT YEARLY RATE****

****Yearly rates are subject to change****

This benefit is a calendar year reimbursement (January 1 - December 31) per household. The Member will be reimbursed eligible expenses until the maximum rate of benefits has been paid in any one calendar year. Please note that Special Senior Members are NOT eligible for Survivor Benefit Coverage.

BENEFIT SUMMARY FOR GROUP (age 65 and older)

The following are eligible expenses, reimbursed at 100% to the yearly maximum:

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|---|--|
| 1. Prescription Drugs | 10. Medical Examinations |
| 2. Cost of Ambulance | 11. Fees of an Acupuncturist |
| 3. Fees of a Registered Nurse | 12. Speech Therapist |
| 4. Physiotherapist or Massage Practitioner | 13. Wigs and hairpieces (resulting from a medical condition) |
| 5. Podiatrist/Chiropractor/Naturopath Physicians | 14. Eye Exams, Prescribed Lenses etc. |
| 6. Out of Province Emergencies | 15. Hearing Aids |
| 7. Medical Equipment (crutches, wheelchairs etc.) | 16. Dental Claims |
| 8. Medical Rental Equipment | |
| 9. Hospital Charges (semi or private room) | |

****This Plan is intended to pay for expenses not covered by other EHB Plans. If you have EHB coverage through the Plumbers Local 170 Welfare Plan's hour bank, or your spouse's EHB Plan, please claim from those EHB Plans first. Any expenses not reimbursed by other EHB Plans may be claimed from this "Special Senior Member" benefit plan.**

NOTE: Claims for expenses incurred the previous year must be received in our office no later than June 30th. **To obtain "Special Senior Member" coverage - you must complete the SSM application and return to our office for processing.**