

Plumbers & Steamfitters Local 33 Health & Welfare Fund

2501 Bell Avenue Des Moines, IA 50321-1118
 Phone 515.243.3246 Fax 515.244.6606 www.ualocal33.org (View Fund Office Tab)

Over-the-Counter (OTC) COVID-19 Diagnostic Test Reimbursement Form

Member Name: _____

Reimbursement Information (please print)

For reimbursement of over-the-counter FDA authorized COVID-19 diagnostic tests purchased on or after January 15, 2022, please complete the form below, attach receipt(s) for each test, review the attestation and sign on the signature line.

Please note the following:

1. Only tests purchased on or after January 15, 2022 are eligible for reimbursement.
2. Reimbursement is limited to 8 individual tests per calendar month, per participant and eligible dependent (i.e. spouse, children) covered in the Fund.
3. Receipts must be attached to this form for all tests.
4. Proof of personal purchase is required (i.e. if paid with a credit card, you must submit proof that the credit card is a personal card and not an FSA or HSA provided card).
5. Please visit www.fda.gov to learn which tests are currently FDA approved, or inspect the packaging.

Date of Purchase (mm/dd/yy)	Name of Participant or Eligible Dependent	Number of Individual Tests Purchased	Total Cost for Tests Purchased	Amount of Reimbursement
<i>Example 1/15/21</i>	<i>Tom Smith</i>	<i>8</i>	<i>\$112.00</i>	<i>\$112.00</i>
			Total Reimbursement	\$

I hereby attest the following:

The OTC COVID-19 Diagnostic Tests listed above were purchased by myself, or one of my eligible dependents, for personal use, and not for use by any individual who is not enrolled in the Fund.

The tests were not purchased for and will not be used for employment purposes.

The expenses for the tests have not been (and will not be) reimbursed by another source.

The tests are not for resale.

Member's Signature

Date