United Food & Commercial Workers
Union-Employer Health and Welfare Fund
9199 Market Place, Suite 1
Broadview Heights, OH 44147

January 2022

Members,

As you may be aware, the Federal government has recently mandated that insurance carriers pay for OTC (Over the Counter) COVID 19 tests for their members who have medical insurance coverage with them. A covered member may seek reimbursement from the Fund for up to 8 such tests per covered member and/or eligible dependent, per month.

This is an entirely new mandate that goes into effect for tests purchased by a member on or after January 15, 2022. The Fund has set up a procedure to process claims for OTC COVID tests purchased by a member for reimbursement.

The following procedure will apply:

- The enclosed Claim Form and Attestation must be filled out in its entirety, signed, and submitted with every claim.
- The ORIGINAL store receipt for the purchased tests must be submitted along with the claim form (copies, photos, or scans of the receipt are NOT acceptable and will result in denial of the claim).
- The UPC from each package of COVID 19 tests for which you are submitting a claim must also be removed along with the part of the package which lists the number of tests contained in the package and submitted along with the claim form and original receipt.
- Claims may be submitted by mail, or personally at the Fund Office, and the reimbursement will be processed and mailed by the Fund within 10-14 business days after receipt of the claim.
- **Electronic or email submissions will NOT be accepted.**

You can also receive up to **FOUR** free tests per household by going to: https://special.usps.com/testkits .

PLEASE NOTE:
If a covered spouse has medical insurance coverage through their own employer (as required), Coordination of Benefits will apply for these claims, similar to ALL other medical claims. This also applies to dependents (children) who have primary coverage through a spouse. A spouse who has coverage through their own employer must submit a claim for reimbursement through their own plan.

Sincerely,

Board of Trustees

United Food & Commercial Workers
Union-Employer Health and Welfare Fund
9199 Market Place, Suite 1
Broadview Heights, OH 44147

Statement of Claim for reimbursement and Attestation
(Not for Employment purposes or other purposes such as admission to events)
for OTC (Over the Counter) Covid-19 Test

1. **Print Last Name** **First Name** **Middle Initial**

2. **Home Address**

3. **City** **State** **Zip Code**

4. **Birthdate month/day/year** **Social Security Number**

COMPLETE SECTION BELOW ONLY IF DEPENDENT(S) CLAIM(S)

1. **Full Name of Dependent**

2. **Birthdate month/day/year**

3. **Social Security Number**

4. **Spouse's Employer (If a claim for a spouse)**

1. **Full Name of Dependent**

2. **Birthdate month/day/year**

3. **Social Security Number**

4. **Spouse's Employer (if a claim for a spouse)**

By signing below, I attest that the purchased OTC Covid-19 tests for which I am seeking reimbursement for myself or my dependent are for personal use, and I will not use any such test for employment purposes or admission to events such as sporting events or concerts, and the tests will not be reimbursed by another source. I further attest that I will not offer these tests at any time for resale.

Member Signature Date

Spouse Signature (If a dependent spouse claim) Date

All Claims must be accompanied by the ORIGINAL DATED store receipt, the UPC from the test package AND the part of the package which lists how many tests are contained in the package. Photocopies are NOT acceptable and will be rejected. Please mail or bring with this form to Fund Office Address noted above.