

Operating Engineers Local 139 Health Benefit Fund
PO Box 160
Pewaukee, WI 53072-0160
(262) 549-9190 or (800) 242-7018
Fax: (262) 549-3549

PRESCRIPTION REIMBURSEMENT FORM

OEF Identification Number or Social Security Number _____

All prescription drug receipts must show the name of the patient, the name of the prescription drug, the cost of the prescription and the date it was filled. Please do not mail the cash register receipt as this does not normally have sufficient information for reimbursement.

Mail all prescription drug receipts to the Fund Office either loose or taped on an 8 ½ inch by 11 inch sheet of paper (please do not use staples).

If you tape your prescriptions on an 8 ½ by 11 inch sheet of paper, *each family member's prescriptions must be taped on a separate sheet of paper.*

Use this form to tape prescriptions below and then either mail to the address listed above or fax to the number above.