SHEET METAL WORKERS LOCAL 91
HEALTH & WELFARE FUND
8124 42ND STREET WEST
ROCK ISLAND IL 61201

SHEET METAL WORKERS LOCAL 91 HEALTH & WELFARE FUND has arranged for members to purchase Covid 19 test kits directly from a Preferred Pharmacy.

If you purchase from a preferred pharmacy and present your Blue Cross Blue Shield card to the pharmacy, they will bill the Pharmacy manager and you will not have any out of pocket expense.

Please note that you must have the pharmacy run these through insurance for no upfront costs.

If you buy an FDA approved Covid Test from another supplier that is not in the Elixir network, you can be reimbursed.

Please download the new form on the website under:

RESOURCES,
COVID 19 TEST REIMBURSMENT FORM

This form along with your receipt will need to submitted to the Fund Office from here on out for non-work-related testing.

The Pharmacy manager will not be reimbursing the members for out of network provider purchase's moving forward. The reimbursement is still the same $12.00, and the limit is still 8 tests per member, per month.

Send your claims to the Fund office via: Mail, fax 309-787-2234, or can be emailed to

kimv@smw91.org or tracyh@smw91.org

Again, do not send your out of network receipts to Elixir as

they will not be reimbursing.

Thank you
Sheet Metal Worker Local 91
Health & Welfare Fund

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Health & Welfare Fund
8124 42nd Street West
Rock Island IL 61201
Phone 309-787-0695 extn 2
Fax 309-787-2234

OTC At Home COVID-19 Test Reimbursement Form

[ ] – Fax [ ] - Email

☐ Check this box if your address has changed

This form is only to be used to request reimbursement for COVID-19 tests paid for out of your own pocket.

Name (Last & First Name)				ID #
Address	City	State	Zip Code	Telephone No.
Email Address				

Name of Merchant	Name of Claimant (Must be covered under this Health Plan)	Date of Purchase	Number of Tests	Total Expense Amount
				$
				$
				$
				$
				$
				$
				$
			TOTAL	

CERTIFICATION FOR REIMBURSEMENT

Effective for purchases made on or after January 15, 2022.

Reimbursement is limited to 8 tests per covered member per month.

Receipts are required for reimbursement. Reimbursements submitted without a receipt will be denied. Documentation must include the UPC code for the test and the receipt must include the date of purchase and price.

I attest by signing this form that the OTC COVID-19 test was purchased by the participant, beneficiary or enrollee for personal use, not for employment purposes, and has not been (and will not be) reimbursed by another source and is not for resale.

Any person who knowingly and with intent to injure, defraud, or deceive, files a statement of claim containing false, incomplete, or misleading information may be guilty of a criminal act punishable under law.

Participant Signature _____ **Date** _____

SIGNATURE IS REQUIRED FOR REIMBURSEMENT.