San Francisco Culinary, Bartenders & Service Employees Trust Funds

EXPENSE REIMBURSEMENT FORM

ATTACH RECEIPTS AND RETURN THIS FORM TO:

BeneSys Administrators

1182 Market Street, Suite 320 San Francisco, CA 94102-4919

CLAIMS/BENEFITS/ELIGIBILITY: (844) 492-9157 FAX: (415) 233-9341

PARTICIPANT INFORMATION	
NAME OF PARTICIPANT	SSN/PARTICIPANT ID
STREET ADDRESS OF PARTICIPANT	
CITY, STATE, ZIP	PHONE

EXPENSE INFORMATION		
DATE	DESCRIPTION	AMOUNT
	TOTAL	**$**

PARTICIPANT SIGNATURE _____ DATE _____

FOR ADMINISTRATIVE USE ONLY					
HEALTH & WELFARE:			TRUST ACCOUNTING:		
AMT APPROVED	$	MONTH	AMT PAID	$	MONTH
AMT APPROVED	$	MONTH	AMT PAID	$	MONTH
AMT APPROVED	$	MONTH	AMT PAID	$	MONTH
COMPLETED BY			TOTAL $		CHECK #
DATE			DATE MAILED		
			COMPLETED BY		
DENIAL COMMENTS					