

HAWAII ELECTRICIANS HEALTH & WELFARE FUND CLAIM FOR PHYSICAL EXAMINATION EXPENSES

IMPORTANT: Employee and physician must fully complete this form. Please check with the Fund Office if you are eligible before you take your examination.

PLEASE PRINT

Name of Employee: _____ Social Security #: _____
FIRST MIDDLE LAST

Address: _____ City: _____ Telephone: _____

Name of Employer: _____ Occupation: _____ Age: _____

I wish to request reimbursement of lost time due to this examination ____ (check if the examination was taken during regular working hours and if you were not paid for the lost time) as provided by the Summary Plan Description of the Hawaii Electricians Health & Welfare Fund.

I certify that the following services were provided to me by _____
PHYSICIAN'S NAME (PRINT)

on _____
DATE TIME EMPLOYEE'S SIGNATURE

SERVICES	CHARGES	* FUND WILL PAY UP TO:
1. Gen. Physical Examination (incl. medical history, vision & audiogram tests)	\$ _____	\$ 58.00
*2. Glaucoma Test	_____	23.90
3. Laboratory Test		
a. Chest X-Ray (14 X 17)	_____	33.30
b. Urinalysis	_____	8.50
c. Hemoglobin & Hematocrit	_____	9.00
*d. SMA 12 (alk, bil, bun, ca, chol, gluc, GOT, SGPT, LDH, TP, UA, TRIG)	_____	26.00
**e. EKG	_____	53.05
4. PUC Certificate (Truck or Crane Operator)	_____	5.70
5. Treadmill Stress Test (when medically indicated)	_____	196.55
6. Mammography	_____	64.50
7. Pulmonary Function Test	_____	33.30
TOTAL	\$ _____	

*RATES FOR OAHU ON

NOTE: Services 1, 3a,b,c, available once every other year to employees below age 40, and every year to those over 40.
 *Available every other year to employees age 40-48, and every year for those age 50 & up.
 **Available every other year to employees age 45-49, and every year for those age 50 & up.

I hereby certify that _____ was provided the examination and tests as
NAME OF EMPLOYEE

indicated above on _____ at _____
DATE TIME

PHYSICIAN'S NAME (PRINT) SIGNATURE ADDRESS TELEPHONE

Send completed form to: HAWAII ELECTRICIANS HEALTH & WELFARE FUND 1935 Hau St., Rm. 300, Honolulu, Hawaii 96819
 Telephone: (808) 841-6169