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Health and Welfare Fund



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December 5, 2023

TO: Participants in the Railroad Maintenance and Industrial Health and Welfare Fund

RE: **2024 Annual Medical Claim Statement (Claim Form)**

Dear Participant:

As you may be aware, the Plan of Benefits of the Railroad Maintenance and Industrial Health and Welfare Fund requires the completion of an annual Medical Claim Statement ("claim form"). This form must be completed for each patient at the beginning of each calendar year before any claims can be processed for that patient.

Enclosed please find two (2) Medical Claim Statements. *One (1) of these forms must be completed for each patient in their entirety. Claim forms completed with more than one patient per form or without all applicable sections completed will not be accepted.* Should you require additional forms, these forms may be copied, or you may contact the Fund office at (800)-258-6534 to request additional forms be mailed to you. These forms are also available on the Fund's website at www.rrfunds.org under the "Claim Department" tab.

Si necesita este formulario en español, por favor llame a la Oficina del Fondo al (800)258-6534 y se lo enviaremos por correo, o puede descargarlo del sitio web del Fondo en www.rrfunds.org.

This form has been revised for easier use and understanding. *Please note: If you or any of your dependents have other insurance coverage, please provide a copy of that ID card when mailing the completed forms. Please also provide information as to who is insured and what family members are covered under the other plan.*

Also, please be aware that no benefits can be processed for any claim incurred in the new 2024 calendar year without this form being fully completed and returned for each patient. Please return the completed forms to **Railroad Maintenance and Industrial Health and Welfare Fund 2725 West Monroe Street, Springfield, IL 62704**. A self-addressed envelope is enclosed for your convenience in returning the forms. The forms will be kept on file for any claims incurred in the year 2024. An additional form may be required should a claim be caused by an accidental injury or illness or for coordination of benefits purposes.

If you have any questions regarding this matter, you may contact the Fund office at (800)-258-6534 between the hours of 7:30 AM and 5:00 PM Monday through Friday. Thank you in advance for your cooperation.

Very truly yours,



Dora L. Crenshaw
Executive Administrator