DEFERRED SALARY PLAN OF THE ELECTRICAL INDUSTRY 158-11 HARRY VAN ARSDALE JR. AVENUE, FLUSHING, NY 11365

INSTRUCTIONS: *Please read carefully:*

LIST YOUR PRESCRIPTION AND/OR OVER-THE-COUNTER DRUG RECEIPTS ON THIS FORM

For a list of covered and non-covered over-the-counter drugs, please see the back of this form.

List bills in date order. Bills will not be accepted unless properly listed on this form. This form will not be accepted unless accompanied by original itemized receipts or an Explanation of Benefits voucher. Do not send in duplicate bills or bills previously submitted and paid through any other employee benefit plan. Return application, this form and receipts, or an Explanation of Benefits voucher in the enclosed self-addressed envelope. SIGN THIS FORM at the bottom.

Date of Service	Name of Drug or Product	Patient's Name	Relationship of Patient (Self, Spouse, Child)	Amount to be Reimburse
				\$
		-		
		,		
		,		
L		Total Amou	nt to be Reimbu	rsed \$

NOTICE Any intentional statement of incomplete and/or incorrect information may result in disciplinary action including the institution of a civil and/or criminal proceeding. I have read the foregoing Notice and I certify to the completeness

Print Participant's Name	Participant's Signature
PID#	Date

and accuracy of this application

Covered Over-the-Counter Medications include:

Allergy Medicine	Analgesics
Antihistamines	Antacids
Anti-Diarrhea Medication	Aspirin
Calcium Supplements (only if	Cold Medicine
recommended by a doctor for a	
specific condition)	
Contact Lens Solution	Cough Drops
First Aid Cream (Bactine, special	Hemorrhoidal Medications
diaper rash ointments, calamine	
lotion, bug bite medication, wart	
remover treatments)	
Lactose Intolerance Pills	Laxatives
Menstrual Cycle Medications	Motion Sickness Pills
Muscle/Joint Pain Relief (i.e. Ben-	Nasal Sinus Spray
Gay, Tiger Balm)	
Nicotine Gum/Patches	Pain Reliever
Pedialyte	Reading Glasses
Rubbing Alcohol	Sinus Medications
Smoking Cessation Products	Throat Lozenges
Visine	Wound Care Products

Over-the-Counter Medications <u>not covered</u> include but are not limited to:

Chapstick	Cosmetics	
Cotton balls/swabs	Face Cream	
Hair Loss Medication/Rogaine	Medicated Shampoos/Soaps	
Moisturizers	One-a-Day Vitamins/Vitamins for	
	General Health	
Suntan Lotion	Toiletries	
Toothbrushes	Toothpaste	
Teeth Whitening Products	Topical Creams	
Nutritional Supplements	Nasal Sprays (for snoring)	
Sleeping Aids	Pre-Natal Vitamins	
Pregnancy Tests		