

**MASSACHUSETTS CORRECTIONAL OFFICERS
HEALTH AND WELFARE FUND**
PO Box 3938
MANCHESTER, NH 03105-3938
PHONE NUMBER: 800-346-4935
FAX NUMBER: 603-647-4668
EMAIL: TRUSTADMINISTRATION@BENSTRAT.COM

**REQUEST FOR
REIMBURSEMENT**
(ONLY SUBMIT AFTER EFFECTIVE DATE
OF COVERAGE)

Name: _____ Social Security #: _____

Address: _____

PLEASE CHECK IF NEW ADDRESS

REIMBURSEMENT ITEMS:

Water Picks & Electric Toothbrushes

Examples:

Waterpik

Oral-B

Conair

Braun

Sonicare

Panasonic, etc.

INSTRUCTIONS:

Please attach the original receipt for your water pick or electric toothbrush. You will be reimbursed \$25.00 or the cost of the purchase, if less. The maximum benefit available is \$25.00 per member per 24-month period.

EMPLOYEE SIGNATURE: _____ DATE: _____

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PO Box 3938
MANCHESTER, NH 03105-3938
PHONE NUMBER: 800-346-4935
FAX NUMBER: 603-647-4668
EMAIL: JSHAMER@BENSTRAT.COM

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