

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@VOYA.COM

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

State Employee Name: _____

State Employee ID# _____ MCOFU Union Department: _____

Social Security #: _____

Phone #: _____

Email Address: _____

Address: _____

REIMBURSEMENT ITEMS:

Examples:

Water Picks & Electric Toothbrushes

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 up to \$25.00 per item. Reimbursement must be submitted within the same calendar plan year from when the purchase was made (Example: Sonicare bought on 3/15/2022, reimbursement must be submitted by 12/31/2022). Reimbursement is available for each household enrolled member (employee, spouse, child) per 24-month period.

Reimbursement For Whom (household enrolled member name & relationship to employee):

EMPLOYEE SIGNATURE: _____ DATE: _____