

Administrative Office of:

LOCAL 580 VACATION FUND
LOCAL 580 INSURANCE FUND
LOCAL 580 PENSION FUND
LOCAL 580 ANNUITY FUND
LOCAL 580 EDUCATIONAL FUND
LOCAL 580 SCHOLARSHIP FUND
LOCAL 580 LABOR MANAGEMENT FUND

Second Floor • 501 WEST 42nd STREET • NEW YORK, NY 10036 • (212) 695-5206
FAX (212) 947-5719

GLP-1 Reimbursement Form

Participant Name: _____ **D.O.B.:** _____

Last 4 Digits of SSN: _____

PATIENT NAME: _____

D.O.B.: _____

Last 4 Digits of Social Security Number: _____

PURCHASE INFORMATION

Date of Purchase: _____

Medication Name (GLP-1): _____

Pharmacy / Provider Name: _____

Amount Paid (\$): _____

(Please attach receipt or proof of purchase)

CERTIFICATION & AUTHORIZATION

I certify that the information provided above is accurate and complete.
I understand that reimbursement is subject to program eligibility requirements and approval.

I authorize the review of this request and any supporting documentation for reimbursement purposes.

Signature: _____

Date: _____

FOR ADMINISTRATIVE USE ONLY

Request Received Date: _____

Approved Amount (\$): _____

Processed By: _____ Date: _____