EIGHTH DISTRICT ELECTRICAL BENEFIT FUND

P.O. Box 30101 - Salt Lake City, Utah 84130-0101 Telephone (801) 973-1001 • 1-800-628-6562

SPECIAL ACCUMULATION FORM FOR MAJOR MEDICAL PRESCRIPTION DRUGS

USE A SEPARATE FORM FOR EACH INSURED MEMBER OF YOUR FAMILY

			YOUR FAMILY		
INSURED'S NAME ADDRESS		PATIENT'S NAME	LOCAL	LOCAL	
SOCIAL SECURITY #			i i		
AN	LIST BELOW CHARGE ND MEDICAL SUPPLIES PRE	S FOR DRUGS, MEDICINES, SCRIBED BY YOUR PHYSICIAN (S).			
NAME OF PHYSICIAN PRESCRIBING MEDICINE	PRESCRIPTION NO.	DRUG NAME	CHARGE	DATE OF PURCHASE	

Please attach all of the original prescription receipts listed above.

