

MASSACHUSETTS CORRECTION OFFICERS  
HEALTH AND WELFARE FUND  
PO Box 1300  
MANCHESTER, NH 03105-1300  
TEL: 800-346-4935  
FAX: 603-647-4668  
EMAIL: DLEBLANC@BENSTRAT.COM

MCOFU  
REQUEST FOR REIMBURSEMENT

Name: \_\_\_\_\_ Social Security  
# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLEASE CHECK IF NEW ADDRESS

REIMBURSABLE 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. Must be eligible on dental plan prior to date of purchase.

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_