



**PRESCRIPTION DRUG EXPENSE CLAIM FORM:  
CATERPILLAR® INTERNATIONAL SERVICE EMPLOYEES & RETIREES RESIDING OUTSIDE U.S.**

**INSTRUCTIONS**

1. Only one claimant per form. **Complete the form in entirety**; if you need more space, use the second sheet provided.
2. An explanation for claims submitted below in "Explanation of nature and reason..." is required.
3. It is required that you provide the name, quantity and number of days supply for each drug.
4. Rx receipts (showing prescription information) are required for each expense. If your receipt includes medical treatment other than pharmaceutical, cross out those portions that do not pertain to the drug expense.
5. List country of service where indicated.
6. Complete the charge box for each claim, listing the charge in local currency, the exchange rate in effect at the time of payment and the equivalent U.S. dollar amount. Use [www.oanda.com](http://www.oanda.com) currency converter. List the median price (ask) conversion rate.
7. Sign and date your claim.

**RETURN COMPLETED CLAIM TO:** Fax: 414-359-1319 - or- Email: [claims@restat.com](mailto:claims@restat.com)  
 - or - Mail form to:  
**Restat, International Claims Dept.**  
**11900 W. Lake Park Drive, Milwaukee, WI 53224**

CLAIM SUMMARY - (Please Print)

Employee's Name (First Name / Middle Initial / Last Name)	Social Security No. or Restat Member ID	Customer ID 0202
Active: _____ Retired: _____	Country: _____	

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

Claimant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

PRESCRIPTION DRUG CLAIM - Name, Quantity of Drug(s) and No. of Days for Each Drug: Claim will reject for missing information				Date	CHARGES		
Name of Drug	Qty.	Days Supply	Amt in Local Currency		Median Price (Ask) Exchange Rate <a href="http://www.oanda.com">www.oanda.com</a>	Amt in U.S. \$	
[Example] [Prozac 20 mg.]	[30 caps]	[30 days]	[10/07/02]	[10 Swiss Franc]	[0.67038]	[\$6.70]	

**Explanation of nature and reason for each treatment claimed:**

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I certify that the information above is correct and the patient indicated is eligible for benefits. I have received the medication described herein and authorize release of all information contained on this voucher to Restat and underwriter.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**This area for Restat use only:**

- Employee is active. Payment sent to Caterpillar®  
 Employee is retired. Payment sent to employee.

Restat Customer Service: 877-228-7909  
 Hours of operation: M - F 7:00am - 1:00am CST  
 Sat. and Sun. 8:00am - 5:00pm CST

