

# Christian Brothers Employee Benefit Trust

## Flu Shot Reimbursement Form

If you received a flu shot at a pharmacy and you were required to pay for the flu shot out of your pocket, the Christian Brothers Employee Benefit Trust will consider the cost of the flu shot under your Preventive Benefit, up to \$25.00 for each covered member\*.

To receive reimbursement, please complete the information on this form and attach the provider's receipt.

**Please provide all of the following:**

ID# (found on the front of your Medical ID card) -or- SSN:	_ _ _ _ _
Indicate Relationship to Medical ID cardholder:	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
First Name:	
Last Name:	
Street Address:	
City:	
State & Zip:	
Phone:	
Email:	

**Attach Provider Receipt:**

The receipt must reflect the **provider's name, the patient name, date of service, and amount paid**. If the receipt does not include the patient name, you must include a copy of the signed authorization form.

**Send to:**

**CBEBT Health Benefits  
1205 Windham Parkway  
Romeoville, IL 60446**

Reimbursement requests should be submitted within 90 days from date of service.

\* Reimbursement subject to the terms and conditions of your plan. The complete terms of the plan are contained in the *Your Employee Benefits* booklet issued to members. For more information regarding benefits, please contact our customer service team at the number listed on the back of your Medical ID card.