

**UNITED FOOD AND COMMERCIAL WORKERS LOCAL NO. 1529 AND EMPLOYERS  
HEALTH AND WELFARE PLAN AND TRUST  
661 N. Ericson Rd, Cordova TN 38018  
Ph: 1-800-874-8499  
Fax: 901-758-3021  
Upload: www.bams.bz**

**COVID-19 OVER-THE-COUNTER TEST REIMBURSEMENT FORM**

Complete and submit this claim reimbursement form for COVID-19 test you purchased over-the-counter on or after January 15, 2022.

- ✓ Submit a separate claim form for each insured.
- ✓ Include receipts or printed invoices that provide proof of purchase.
- ✓ Submit your claim to the Fund office using mail, fax, or uploading.

**Patient Information:** Test(s) Purchased for: \_\_\_ Self or covered \_\_\_ Dependent

Policy Holder's Name: \_\_\_\_\_ Policy Holder's ID #: \_\_\_\_\_

Dependent's Name (if different) \_\_\_\_\_

**Claim Information:**

**Place of Purchase:** \_\_\_ Pharmacy or \_\_\_ Other, \_\_\_\_\_

**How many tests are you requesting reimbursement for?** \_\_\_\_\_ (Max 8 Per Eligible)

**Date of Purchase:** \_\_\_\_\_

**UPC Code** (from test box) \_\_\_\_\_, if more than one brand, please use the back to include each UPC.

**Total Cost of Purchase:** \$ \_\_\_\_\_

**CUSTOMER ATTESTATION**

Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime. I certify that the covered COVID-19 tests will not be used to satisfy any employment requirements, to include, return to work. The test are not for use by individuals not covered under the Fund. The test will not/have not been reimbursed by another source and are not for resale.

<b>By Signing, I acknowledge that I have read, understand, and agree to all of the above.</b>	<b>Signature:</b> _____	<b>Date:</b> _____
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FDA Approved Test As of 1/15/2022 for OTC reimbursement:

CareStart C-19 Antigen	SCoV-2 AG Detect Rapid	BinaxNOW C-19 Ag Card 2	QuickVue At-Home OTC
iHealth C-19 Antigen Rapid	InteliSwab C-19 Rapid	BinaxNOW C-19 Antigen	Flowflex COVID-19
BD Veritor At-Home C-19	Celltton DiaTrust C-19 AG	Ellume C-19	