

CLAIM FORM FOR 2004

Dear Member:

Below you will find a link to a copy of the Health Benefit Claim Form. Only **ONE** form is required per family per calendar year. Please **complete** the form, including **spouse employment and other health insurance information**, **sign**, and **return** it to the Fund Office by December 31, 2003 in the enclosed envelope so that your 2004 claims can be processed without delay.

Click [here](#) to download a printable version of the claim form. Claim forms and other information are also available on our website at www.ctcarpentersfunds.org.

REMINDER – Claims must be submitted within 12 months from the date you received treatment. The Connecticut Carpenters Health Fund will not process claims older than one year.

Effective January 1, 2004, our new PPO will be the Anthem network and new ID cards with detailed information will be mailed shortly.

Thank you.

Claims Department
Encl.

10/03