



**SHEET METAL WORKERS'  
INTERNATIONAL ASSOCIATION**  
**Local Union No. 276 - C.L.C., A.F.L./C.I.O.**  
UNIT #302-791 GOLDSTREAM AVE, VICTORIA, B.C. V9B 2X5 TELEPHONE : (250) 727-3458 1-800-448-4177 (IN B.C. ONLY)

## Will Claim Form: 2024

| NAME | TYPE OF EXPENSE | DATE OF PURCHASE | AMOUNT PAID | OFFICE USE ONLY   |                       |
|------|-----------------|------------------|-------------|-------------------|-----------------------|
|      |                 |                  |             | AMOUNT PD BY PLAN | UNPAID BALANCE OF HSA |
|      | <b>Will</b>     |                  |             |                   |                       |
|      |                 |                  |             |                   |                       |
|      |                 |                  |             | Approved:         |                       |

\_\_\_\_\_  
MEMBER NAME (PRINT)

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

**CHECKLIST**

- Original receipts must indicate: name, date of purchase, amount of purchase
- Reimbursement is for **members only**

This form is for anyone not wanting to use our preset Will package  
Coverage for wills is \$650 every 3 years

**YOU MUST PROVIDE ALL INFORMATION REQUESTED ON THE CLAIM FORM, INCOMPLETE FORMS CAN NOT BE PROCESSED**