



**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: 2025

NAME	TYPE OF EXPENSE	DATE OF PURCHASE	AMOUNT PAID	OFFICE USE ONLY	
				AMOUNT PD BY PLAN	UNPAID BALANCE OF HSA
	Will				
				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 CANNOT BE PROCESSED