



**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: 2022

| 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