

Priests' Benefit Fund
The Roman Catholic Diocese of Burlington
55 Joy Drive
South Burlington, VT 05403

Member Reimbursement Form

Please submit to Priests Benefit Fund Office with Receipts

<u>Type of Service</u>	<u>Service Amount</u>	<u>Reimbursable Amount</u> (PBF Office use)
<input type="checkbox"/> Alternative Medicine	\$ _____	<div></div>
<input type="checkbox"/> Dental*	\$ _____	<div></div>
<input type="checkbox"/> Doctor**	\$ _____	<div></div>
<input type="checkbox"/> Medical/Hospital**	\$ _____	<div></div>
<input type="checkbox"/> Pharmacy (65 and older)*	\$ _____	<div></div>
<input type="checkbox"/> Other	\$ _____	<div></div>
<u>Total Reimbursement:</u>		<div></div>

Print Name:

Address for
Reimbursement
Check:

Comments:

Signature: _____

Date: _____

**Reimbursable after PBF \$500.00 out-of-pocket deductible is met (Fiscal Year July-June)
From submitted receipts, PBF Office will track PBF Deductibles unless told otherwise.*

***Member responsible for annual Health Insurance deductibles and visit co-pays.*

Updated June 23, 2023