



PENNSYLVANIA FACULTY

HEALTH AND WELFARE FUND

P.O. Box 60430
Harrisburg, PA 17106-0430

Telephone: (717) 233-4776

IMMUNIZATIONS FOR THE FACULTY Routine, Special, Influenza and Travel Immunizations

**Complete Each Item in Order To Qualify for
This Benefit – Attach a Receipt From
Your Provider**

Name of Faculty Member _____

Member's S.S. Number _____

Home Mailing Address _____

Type of Immunization _____

Cost of Immunization _____

Member's Signature _____

Provider's Signature _____

Date of Immunization _____

Instructions: The Fund will reimburse only Faculty for the cost of routine, special, influenza and travel immunizations up to a maximum of \$100.00 per Faculty member per calendar year. Benefit payments may not be assigned to providers. Reimbursements for immunizations will be made directly to Faculty members by the Fund. Completed claim forms must be submitted to the Fund within three (3) months after the date on which immunizations are performed. Provider receipts must be attached to forms when filing with the Fund for reimbursements. Submit completed forms and provider receipts to the following mailing address:

**Immunizations for the Faculty
Pennsylvania Faculty Health and Welfare Fund
P.O. Box 60430
Harrisburg, PA 17106**