



PENNSYLVANIA FACULTY

HEALTH AND WELFARE FUND

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

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IMMUNIZATIONS FOR FACULTY Routine, Special and Travel Immunizations Excluding Influenza Vaccine

**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 _____

The Fund will reimburse only Faculty for the cost of routine, special and travel immunizations (excluding influenza vaccine) 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 forms and provider receipts to the following address:

**Immunizations for Faculty
Pennsylvania Faculty Health and Welfare Fund
P.O. Box 60430
Harrisburg, PA 17106-0430**