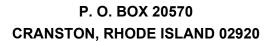
CRANSTON PERMANENT FIREFIGHTER'S



RELIEF ASSOCIATION





MEDICAL BENEFIT WORKSHEET

NAME	PHONE	EMAIL
MEDICAL CLAIMS \$_		_ (OFFICE VISITS and CO-PAYS) No Statements ALLOWED)
RECEIPTS ATTACHED?	YES NO (N	No Statements ALLOWED)
CALENDAR YEAR		
		chancement, teeth whitening, dental, lures not covered by Insurance Companies
PRESCRIPTIONS PHARMACY PRINTOUT CALENDAR YEAR	ONLY - YES	
Prescription medications and ed not covered.	quipment that ar	e not covered by Insurance Companies ar
(BELOW IS FOR TH		MMITTEE ONLY)
MEDICAL \$I	PRESCRIPT	TON \$
PSYCHOLOGICAL \$	((MAX 20%/\$600)
·		:BY:
REJECTED or HOLD	BY:R	REASON
		ATE CONTACTED