Wilson McShane Corporation
St. Paul Electrical Workers Fringe Benefits Office

1330 Conway Street, Suite 130
St. Paul Minnesota 55106
952-851-5949

HEARING AID CLAIM FORM

Complete this form and submit a copy of the contract and proof of purchase. CLAIM WILL NOT BE PAID UNTIL THE TRIAL/CANCELLATION PERIOD HAS EXPIRED.

Please make sure you DO NOT submit until TRAIL/CANCELLATION period is over.
Costco has a 180 day trail period, other companies have different trail periods so be sure to ask.

Member's Name	Member's SS#	Dependent's Name

Hearing Aid benefit covers up to $2,500.00 every five years, effective 11-1-2020 thru 10-31-2025. The next five year cycles would be effective 11-1-2020, etc.

Date of Service	Name of Provider

Amount Charged	Amount other Insurance Paid*	Amount you Paid

*If other insurance is involved, the primary carrier's Explanation of Benefits must accompany this claim form.

I hereby certify that these services and supplies were purchased by me for the family member listed above and **I have attached proof of purchase** to this form.

Signed_____ Date _____

Please feel free to send form back by fax 651-776-9973 or Email: rjackson@wilson-mcshane.com