Bricklayers & Allied Craftworkers Local #3
Rochester Chapter
Health & Welfare Fund

33 Saginaw Drive
Rochester, NY 14623
Phone: (585) 385-1160*Email: claimsroc@baclocal3ny.com***Fax: (585) 385-9119**

PRE-TAX INSURANCE REIMBURSEMENT APPLICATION

Name of Applicant_____ S.S.#_____

Address_____

I am applying for reimbursement of pre-tax medical, dental or vision insurance premiums and I understand that this reimbursement will use HRA monies and will include the payment of necessary taxes. This amount will be included on my W-2 from the Funds office at the end of the year.

_____ _____
Participants Signature Date

Pick Up Check ☐ (FRIDAY)

FOR OFFICE USE ONLY

4704:_____ FICA/EFICA:_____

Approved:_____ Fed. Tax (20%):_____ SUTA:_____

Date:_____ State Tax (5%):_____ FUTA:_____