

**Bricklayers & Allied Craftworkers Local #3**  
**Buffalo Chapter**  
**Health & Welfare Fund**

1175 William Street  
Buffalo, NY 14206

Phone: (716) 842-1318 \*\*\*Email: [claimsbuf@baclocal3ny.com](mailto:claimsbuf@baclocal3ny.com)\*\*\*

**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

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**FOR OFFICE USE ONLY**

0015: \_\_\_\_\_

FICA/EFICA: \_\_\_\_\_

Approved: \_\_\_\_\_

Fed. Tax (20%): \_\_\_\_\_

SUTA: \_\_\_\_\_

Date: \_\_\_\_\_

State Tax (5%): \_\_\_\_\_

FUTA: \_\_\_\_\_