

Bricklayers & Allied Craftworkers Local #3

Buffalo Chapter

Health & Welfare Fund

1175 William Street

Buffalo, NY 14206

Phone: (716) 842-1318 ***Email: claimsbuf@baclocal3ny.com***

RETURN OF MEMBER SELF-PAYMENT

Name of Member _____

Social Security No. _____

Current Balance _____

FOR OFFICE USE ONLY

Service	Code	Amount
	4520	

APPROVED BY: _____

DATE PAID: _____