

**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)\*\*\*

**RETURN OF MEMBER SELF-PAYMENT**

Name of Member \_\_\_\_\_

Social Security No. \_\_\_\_\_

Current Balance \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

Service	Code	Amount
		<b>4520</b>

APPROVED BY: \_\_\_\_\_

DATE PAID: \_\_\_\_\_