TEEBA

The Electric Employee Benefit Association, Inc.
P.O. Box 1335, Valrico, Fl. 33595
Phone 813-380-2528
Email - TEEBA98@Aol.com

ACTIVE EMPLOYEE
Claim Form

IMPORTANT: **IF YOU ARE INSURED BY ANY INSURANCE PLAN OTHER THAN TECO'S BCBS PLAN, PLEASE CONTACT THE OFFICE BEFORE SUBMITTING THIS CLAIM 813-380-2528**

***Please fill out the information below and **submit with your BCBS EOB** Please call the office if you have any questions 813-380-2528.

ACTIVE MEMBER

Social Security Number xxx-xx-_____ Date of Birth: ____/____/_____
(Last 4 digits only)

Name: _____ Day Phone #: (____) _____Ext:____

Address: _____ Evening Phone #: (____) _____

Email address: Work_____ Home_____

DESCRIPTION of ILLNESS OR INJURY

This description must be completed. Example – "surgery-left hand-broken finger"

(Check Up's and/or Well Person Exams are not covered)

***DESCRIPTION of **illness/injury**: _____

Date of Service: _____(**Postmark must be within 90 days of service**)

Amount of Bill $_____

Amount of your ***out-of-pocket expense**: _____

***Out of pocket expense starts after you have paid the first $450.00**

Attending Physician/Hospital/Lab_____ _____

I affirm I am a TEEBA member in good standing, am insured through the TECO Medical Plan and this claim is a result of having paid out of pocket expenses in excess of $450.00. For more information please contact the TEEBA office 813-380-2528. We may ask for additional information in order to process your claim.

***Member Signature**: _____ Date: _____

CHECK LIST: **DID YOU REMEMBER TO:**

***HAVE YOU MET THE $450 DEDUCTIBLE FOR OUT OF POCKET EXPENSES?

***DESCRIBED THE ILLNESS OR INJURY?

***INCLUDED the BCBS EOB FORM? Very Important

***SIGN AND DATE CLAIM FORM? Very Important

***INSURE POSTAGE IS SUFFICIENT- P.O.Box 1335 Valrico, FL 33595**

Or email to Teedba98@aol.com

If sending electronically, please remember to sign the form