

TEEBA

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

RETIRED 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-_____
(Last 4 digits only)

Date of Birth: ____/____/____

Name: _____

Address: _____

Email address: Work _____ Home _____
Day Phone #: (____) _____ Ext: _____

*****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 Retired TEEBA member in good standing. I have not reached the age of 65 and am not on Medicare. 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:

***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**