

APPLICATIONS
FOR
SUPPLEMENTAL INSURANCE FUND

PRINT NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

DATE YOU SIGNED THE OUT-OF-WORK-LIST: _____

MONTH APPLYING FOR REIMBURSEMENT: _____

DOES SPOUSE WORK: _____

DOES SPOUSE HAVE COVERAGE: _____

**I UNDERSTAND THAT THE AMOUNT OF REIMBURSEMENT MAY VARY
ACCORDING TO THE AVAILABILITY OF MONIES IN THE FUND**

SIGNATURE: _____

DATE: _____

/RS
OPEIU 5
SHARED/SICKANDDEATH/SUPPL/DOCUMENT