

**CHARLES TOWN WELFARE BENEFIT TRUST
REQUEST FORM**

*IF YOU HAVE ALREADY FILLED OUT YOUR ORIGINAL FORM & APPLIED FOR BENEFITS
AT LEAST ONCE THIS YEAR –
USE THIS FORM FOR ANY ADDITIONAL BILLS*

COMPLETE THIS FORM AND ATTACH YOUR BILLS OR RECEIPTS

NAME _____

STABLE NAME _____

ADDRESS _____

_____ ZIP CODE

PHONE # _____ CELL# _____

IS THIS FORM BEING USED FOR

SELF _____ SPOUSE _____ CHILDREN _____ EMPLOYEE _____

Do you have any other form of insurance? _____ Yes _____ No

Workers Compensation _____

Blue Cross _____

Medicare _____

Other _____

These bills are not workers compensation related

The undersigned hereby states that all information given on this application is true.

SIGNATURE

DATE

REIMBURSEMENTS TO LOCAL HORSEMEN CAN BE PICKED UP IN THE HBPA OFFICE

All Benevolence is subject to availability of funds

Form Revised 1-1-2013

THIS FORM WILL NOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY