



Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446
800.807.9460 / 630.378.3005 fax

Vaccine Reimbursement Form

If you received a flu shot or any other available vaccine at a pharmacy and you were required to pay for the vaccine out of your pocket, you will be reimbursed 100% of the cost of the vaccination under your Preventive Benefit.*

To receive reimbursement, please complete the information on this form and attach the provider's receipt.

ID Number (found on the front of your Medical ID card) <input type="text"/>			Indicate Relationship to Medical ID Cardholder <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Name (Last, First, Middle Initial) <input type="text"/>			Home Street Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Phone Number <input type="text"/>	Email <input type="text"/>

Attach Provider Receipt

The receipt must reflect the provider's name, the patient name, date of service, and amount paid. If the receipt does not include the patient name, you must include a copy of the signed authorization form.

Send to: CBEBT Health Benefits 1205 Windham Parkway Romeoville, IL 60446	* Reimbursement subject to the terms and conditions of your plan. The complete terms of the plan are contained in the Your Employee Benefits booklet issued to members. For more information regarding benefits, please contact our customer service team at the number listed on the back of your Medical ID card.
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Reimbursement requests should be submitted within 90 days from date of service.

1/2025