



CLAIM FORM FOR REIMBURSEMENT OF COVID OTC TEST KIT(S)

Please use this form to request reimbursement for COVID-19 tests you have paid for out of your own pocket. Complete one form per member.

Member Name: _____ Member ID#: _____

Please check yes or no for all the following questions:

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Was purchased for personal use or the use of a covered plan member
<input type="checkbox"/>	<input type="checkbox"/>	Was purchased for employment purposes
<input type="checkbox"/>	<input type="checkbox"/>	Has been (or will be) reimbursed by another source
<input type="checkbox"/>	<input type="checkbox"/>	Has been (or will be) placed for resale

Please answer the following questions:

Manufacturer of test	
Where was test purchased?	
Date of purchase	____ / ____ / ____
Cost of the test	\$ _____ (Reimbursement is limited to \$12/test)

I certify the above information is true, the enclosed material is correct and unaltered, and the expenses were incurred by the patient listed above. False receipts or altering of this information will result in civil or criminal prosecution.

Member's Signature: _____ Date: _____

Attachments Required: **Receipt showing payment**

Mail Claim to: KINGSTON TRUST FUND COMPLIANCE
416 CREEKSTONE RIDGE
WOODSTOCK, GA 30188