

**FORM "B"    PRESCRIPTION AND/OR OVER-THE-COUNTER DRUG RECORD**

**DEFERRED SALARY PLAN OF THE ELECTRICAL INDUSTRY  
158-11 HARRY VAN ARSDALE JR. AVENUE, FLUSHING, NY 11365**

**INSTRUCTIONS:** *Please read carefully:*

List your PRESCRIPTION AND/OR OVER-THE-COUNTER DRUG RECEIPTS ON THIS FORM. *For a list of covered and non-covered over-the-counter drugs and rules for claim submission, please see the back of this form.* List bills in date order. Bills will not be accepted unless properly listed on this form. This form will not be accepted unless accompanied by original itemized receipts that specifically name the medicine or product. Do not send in duplicate bills or bills previously submitted and paid through any other employee benefit plans. Return the application, this form and receipts in the enclosed self-addressed envelope. ***SIGN THIS FORM*** at the bottom.

<b>Date of Service</b>	<b>Name of Drug or Product</b>	<b>Patient's Name</b>	<b>Relationship of Patient (Self, Spouse, Child)</b>	<b>Amount to be Reimbursed</b>
				\$

**Total Amount to be Reimbursed \$ \_\_\_\_\_**

***NOTICE***

Any intentional statement of incomplete and/or incorrect information may result in disciplinary action including the institution of civil and/or criminal proceedings. I have read the foregoing Notice and I certify to the completeness and accuracy of this application. I further certify that the above drugs and medicines were purchased by me for the individual named above.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
PID #

\_\_\_\_\_  
Date

**Covered Over-the-Counter Medications include:**

Allergy Medicine	Analgesics
Antihistamines	Antacids
Anti-Diarrhea Medication	Aspirin
Calcium Supplements (only if recommended by a doctor for a specific condition)	Cold Medicine
Contact Lens Solution	Cough Drops
First Aid Cream (Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)	Hemorrhoidal Medications
Lactose Intolerance Pills	Laxatives
Menstrual Cycle Medications	Motion Sickness Pills
Muscle/Joint Pain Relief (i.e. Ben-Gay, Tiger Balm)	Nasal Sinus Spray
Nicotine Gum/Patches	Pain Reliever
Pedialyte	Reading Glasses
Rubbing Alcohol	Sinus Medications
Smoking Cessation Products	Throat Lozenges
Visine	Wound Care Products

**Over-the-Counter Medications not covered include but are not limited to:**

Chapstick	Cosmetics
Cotton balls/swabs	Face Cream
Hair Loss Medication/Rogaine	Medicated Shampoos/Soaps
Moisturizers	One-a-Day Vitamins/Vitamins for General Health
Suntan Lotion	Toiletries
Toothbrushes	Toothpaste
Teeth Whitening Products	Topical Creams
Nutritional Supplements	Nasal Sprays (for snoring)
Sleeping Aids	Pre-Natal Vitamins
Pregnancy Tests	