



IRON WORKERS OF WESTERN PENNSYLVANIA BENEFIT PLANS

2201 Liberty Avenue, Room 203, Pittsburgh, PA 15222

Toll-Free: 1-800-927-3199, Telephone: 412-227-6740, Fax: 412-261-3816

**Incentive Requests Must Be
Received at the Plan Office Within
Three Months of the Date of Service**

**Value Bank
Incentive Request Form**

Member Name _____	SS# _____
Address _____	
Phone _____	E-Mail _____

You may seek incentive credit for any of the following which occurred while eligible and incurred under the Iron Workers Welfare Plan of Western Pennsylvania.

Please check the incentive(s) you are requesting credit for:

- Member or spouse has a prostate exam.
(Explanation of Benefits from Highmark along with a note from the physician is required)
- Member or spouse has a colorectal cancer screening.
(Explanation of Benefits from Highmark is required)
- Member or spouse has a gynecological exam.
(Explanation of Benefits from Highmark is required)
- Member or spouse has a mammogram.
(Explanation of Benefits from Highmark is required)

Incentive requests must be received at the Plan Office within three months of the date of service. Proper proof for any incentive is required.

I understand and agree that the information provided above is accurate.

Member Signature

Date