

**THE UNION LABOR LIFE INSURANCE COMPANY**  
 8403 COLESVILLE RD STOP 709  
 SILVER SPRING, MD 20910-633

Questions? Contact Us At  
 (866) 795-0680  
 Monday - Friday 8:30 am - 4:30 pm E.S.T.

**CHECK STOCK**

Forwarding Service Requested

SINGLE PIECE

1 5-7180 SP 4-550



JANE DOE  
 12345 HAPPY LANE  
 CITY, MD 12345-6789

Claim No:	01234 5678900011
Plan Name:	ABC UNION HEALTH & WELFARE FUND
Plan No:	G12345
Member:	JOHN DOE
Claimant:	JOHN
Relationship:	MEMBER
Beneficiary:	JANE DOE
Processed Date:	10/01/2016
Examiner:	SMITH

**Explanation of Reimbursement**

Date of Service	Description of Service	Benefit Amount	Not Covered	Net Benefit Amount	Payment Amount	Reason Code
02112-05/09116	Life	5,000.00	0.00	5,000.00	5,000.00	
<b>Totals:</b>		5,000.00	0.00	5,000.00	5,000.00	
<b>Total Benefit Amount</b>					5,000.00	

**Code Message Description**

\*\*\* If your claim for benefits has been wholly or partially denied, you have the right to receive a written explanation of the criteria or terms of the Plan used to make this determination. The Employee Retirement Income Security Act of 1974 (ERISA) gives you the right to appeal our decision and receive a full and fair review. If you disagree with this adverse benefit determination you (or your authorized representative) have 60 days from receipts of this notice to file a written appeal with the Group Life Claims. You have the right to bring a civil action under Section 502(a) of the ERISA following an adverse benefit determination on review.

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62-4  
 311

CHECK NO.:0000123456  
 CHECK DATE: 10/01/16

VOID OVER 99999.99 AND/OR 180 DAYS

AMOUNT  
 \*\*\*\* 5,000.00

**Five Thousand & 00/100 Dolla rs**

PAY TO THE ORDER OF JANE DOE  
 THE UNION LABOR BANK

Claim No: 01234 5678900011  
 Plan No: G 12345  
 Patient Acct: 765432

*Signature 1*  
*Signature 2*