



**STOP LOSS CLAIM
REIMBURSEMENT FORM**

Please submit this form to:
The Union Labor Life
Insurance Company
Stop Loss Claims Unit

8403 Colesville Rd., 13th Floor • Silver Spring, MD 20910
Toll free: 800-328-5837 • Fax: 1.202.682.6920

THE EXPLANATION OF REIMBURSEMENT SHOULD BE EMAILED TO THE FOLLOWING:

Name: _____

Email: _____

PLEASE PROVIDE YOUR BANKING INFORMATION:

Account Name: _____

Bank Name: _____

Bank Address: _____

Account Number: _____

ABA Routing for Wires: _____

ABA Routing for ACH: _____

Signature: X _____

Date _____