

# HEALTH & WELFARE FUND IBEW LOCAL 96

## INSTRUCTIONS FOR SUBMITTING VISION CLAIMS

In order to make a claim for Vision, please send a copy of the vision itemized bill for reimbursement directly by mail or fax to the Fund Office (address below). For your own protection, please do not send by email as your bill will contain confidential personal information.

**Jackie Sherwood**

**Customer Service Representative**

HEALTH & WELFARE FUND IBEW LOCAL 96

P.O. Box 5817

Wallingford, Connecticut 06492

Toll Free Phone 1-800-446-8646

Phone Direct 203.949.3211

Fax 203.774.9712

[jsherwood@insuranceprogrammers.com](mailto:jsherwood@insuranceprogrammers.com)

Should you have any questions, please contact Jackie Sherwood at the Fund Office, or any of our customer service representatives.