



Midwest Operating Engineers
 Fringe Benefit Funds Office
 6150 Joliet Road
 Countryside, IL 60525

MIDWEST OPERATING ENGINEERS FAMILY SUPPLEMENTAL BENEFIT (FSB) CLAIM FORM

Save time (and stamps!) by managing all your FSB benefits electronically through the WEX FSB Portal in MY150. Submit and track reimbursement requests, upload WEX FSB Card receipts, view your FSB balance, and manage direct deposit details for faster reimbursement.

Please retain copies of all receipts or benefit statements for your records, as the items submitted will not be returned. Members must be eligible at the time of service, and claims **must be received within one year of the date of service**.

GENERAL INFORMATION

Member Name: _____

MOE ID: _____	Cell Phone: _____
Patient Name: _____	Patient Date of Birth: _____

FSB Claim Type:

- Request reimbursement for out-of-pocket expenses
- Submit WEX FSB Card purchase receipts
- Submit additional information requested by the Fund Office

Required Documentation for Consideration of Reimbursement

- Itemized receipt showing the patient’s name, date of birth, provider’s name, and dates/description of services
- Paid in full receipts – original documents or clear copies are acceptable
- A completed and signed version of this FSB Claim Form

Claim Certification and Authorization

I authorize my physician and/or service provider to release information necessary to process this claim. I certify that the Family Supplemental Benefit expenses were incurred by me or my eligible dependent(s), have not been and will not be claimed on my income tax return, and that no assignment of benefits is permitted.

 Signature

 Date