

Supplemental Benefit Fund

271 Porter Avenue – Buffalo, New York 14201
(716) 881-5462 Telephone
(716) 881-0580 Facsimile



PRESCRIPTION CO-PAY REIMBURSEMENT

DEADLINE:

Friday, March 3, 2017 @ 5:00 p.m.

You must obtain a Computer Generated Roster from your Pharmacist

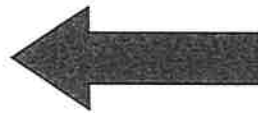
Pharmacy Roster For You & Each Eligible Family Member Must Include

1. Name of Provider
2. Rx Purchase Date
3. Name of Each Rx
4. Cost You Paid
5. Name of Patient

Obtain the Prescription Co-Pay form from your school, the SBF Office, or download it from:

www.btfny.org

Click on BTF Forms, Scroll to Supplemental Benefit Fund Forms, then to **Prescription Co-Pay forms, PRINT**



**FOLLOW DIRECTIONS AT THE TOP OF
THIS FORM & FORWARD TO THE
BTF/SBF OFFICE**

Director: David Walker

Trustees: Phil Rumore - Joel Mercado - Sue Raichilson
Ruyvette Townsend - Kym Mosgeller