



Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446
800.807.9460 / 630.378.3005 fax

Return From Leave of Absence - Disability

If you received a flu shot or any other available vaccine at a pharmacy and you were required to pay for the vaccine out of your pocket, you will be reimbursed 100% of the cost of the vaccination under your Preventive Benefit.*

To receive reimbursement, please complete the information on this form and attach the provider's receipt.

Employer Name (Last, First, Middle Initial) <input type="text"/>	Location Number <input type="text"/>	
Employee Name (Last, First, Middle Initial) <input type="text"/>	Social Security Number <input type="text"/>	
Returning From: <input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Family Medical Leave of Absence (FMLA)	Return to Work Date <input type="text"/>	Number of Hours Working per Week <input type="text"/>
Annual Salary <input type="text"/>	Signature of Employer <input type="text"/>	Date Signed <input type="text"/>