



4Boys Fund

Mental Health Treatment Claim Form

Please complete the following and attach the related receipts and information outlined below, for your counselling expenses to be considered for reimbursement. All information must be completed, before your claim can be processed, this includes other coverage you may have through a benefit plan you have through work or other programs, parents plan or spousal plan.

First Name: _____

Last Name: _____

AARC Graduate #: _____

Email Address: _____

Are you eligible to receive comparable benefits from any other insurance company, health benefits company, or the AARC benefit program? Yes _____ / No _____

If yes, please provide the name of insurance company or health benefits company:

_____.

By submitting this claim for mental health treatment that has been previously approved for funding by the 4Boys Fund Trustees, you consent and agree to the following provisions:

1. The identified services have been received and fully paid for prior to the date of this claim.
2. All information contained in this claim and any supporting documents is complete and true.
3. Provide the following claim information:

Date of Counselling Session (DD/MM/YY)	Total Amount of claim	Amount paid by another source	Remaining amount of treatment session being claimed
Total amount being claimed	\$	\$	\$

I declare, that I have declared all sources of funding above and that I am only claiming for services that I have not been reimbursed by another insurance company or health benefits company/program.

Name (first name and last name)	Signature	Date (DD-MM-YYYY)

Instructions:

Attach original paid receipts for each counselling session claimed and keep copies for your records, as these receipts will not be returned. If you have claimed these expenses under another plan, the original Explanation of Benefits (see explanation) from that plan and copies of receipts must be attached to this claim. All original receipts must indicate the following information: first and last name of individual receiving the service, date or dates on which the service was obtained, the provider of service's name and address and the amount charged and paid by a third party or yourself.

An Explanation of Benefits statement, indicating how this claim was assessed, will be sent to the member to be used for income tax purposes or to claim under other coverage.

Effective Date: March 27, 2026