StirlingBenefits®
Evolving the Business of Benefits℠

MEDICAL and DENTAL EXPENSE FORM
For Non-US Claims

Instructions: If you are submitting a claim to the HFHI Health Benefits Plan, complete this form, attach your original receipts and return directly to:

Stirling Benefits, Inc.
20 Armory Lane,
Milford, CT 06460

Email: scarlo@stirlingbenefits.com

Claims may also be submitted through:
Lisa Shiflett, Benefits Manager,
121 Habitat Street, Americus, GA 31709

Email: lshiflett@habitat.org
Fax: (229) 924-8069

Please note that Stirling Benefits will send all "Explanations of Benefits" and reimbursement checks to the Benefits Manager. Reimbursement checks will be given to Finance to be deposited into your account and the "Explanation of Benefits" will be sent to you.

Name of Employee _____ Employee ID# _____
(Name on Health Benefits ID card) (ID # on Health Benefits ID card)

Name of Patient _____ Patient's Date of Birth _____

Country Where Services Received: _____

Date of Service	Diagnosis	Description of Service	Amount	Country/Exchange Rate per U.S. Dollar	Amount in U.S. Dollar