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TrustSecure™ Letter of Medical Necessity

This form should be completed by the attending physician to confirm treatment is medically necessary for a specific medical condition. See the TrustSecure Eligible Expenses list to identify services that require the completion of this form. **NOTE:** This form must be renewed on an annual basis.

Upon completion, fax the form to (763) 552-6055 or mail it to the following address:

Educators Benefit Consultants, LLC, 3125 Airport Parkway, Cambridge MN 55008

Patient Name:	
Participant Name:	
Employer:	

1. Describe the diagnosed medical condition that is being treated.

2. Describe the recommended treatment.

3. Indicate the duration of treatment.

This treatment is medically necessary to treat the specific medical condition described above. This treatment is not prescribed to maintain general good health and it is not for cosmetic purposes to improve appearance.

Signature of Attending Physician

Date

Physician's Name

Phone Number



TrustSecure is administered on behalf of the WEA Trust by:
Educators Benefit Consultants, LLC, 3125 Airport Parkway, Cambridge MN 55008
Toll-free: (888) 507-6053 Fax: (763) 552-6055 Web site: weatrustsecure.com