

CSEA EMPLOYEE BENEFIT FUND CLAIM FORM

Use this form to claim CSEA Employee Benefit Fund benefits for:

Physician Co-Pay
Hearing Aid

Prescription Drug Co-Pay
Maternity

Claim Form must be completed and signed by the CSEA Employee Benefit Fund Member. All required documentation must be attached. *Incomplete claims will be returned.*

Mail completed claims to:
CSEA Employee Benefit Fund
PO Box 516
Latham, NY 12110-0516

Last name of Member:

First name:

Initial:

Social Security # _____ - _____ - _____

Member's Home Address:

Street:

Apt. #

City:

State:

Zip

Daytime Phone #

Employer

Member's Signature

Member's Health Insurance Carrier(s)

Spouse's Health Insurance Carrier(s)

Please (✓) check the Benefit for which you are submitting. You can only claim those benefits that have been negotiated for you under your collective bargaining agreement.

**Physician Co-Pay
Claim Year** _____

Complete this claim form and submit with original receipts clearly indicating the co-pay amount when you have accumulated the maximum benefit allowed for the current calendar. If you do not accumulate the maximum allowed, submit your claim after December 31 for what you did pay.

**Prescription Drug Co-Pay
Claim Year** _____

Complete this claim form and submit with original receipts or pharmacy printout attached when you have accumulated the maximum benefit allowed for the current calendar year. If you do not accumulate the maximum Allowed, submit your claim after Dec. **31 for what you did pay.**

Hearing Aid

Complete this claim form and submit with both your Paid bill and a copy of the doctor's prescription.

Maternity

Complete this claim form and submit with a copy of the child's Birth certificate.

**Separate Benefit Checks are processed for each Benefit Claimed
CSEA EBF Phone Number (800) 323-2732.**

***SEE REVERSE FOR IMPORTANT INFORMATION**

CSEA EMPLOYEE BENEFIT FUND

Important Benefit Information

Submit only for the benefits negotiated for you under your collective bargaining agreement. For full details of your benefits, refer to your Summary Plan Description Booklets.

Physician Co-Pay Benefit

Your CSEA EBF Physician Co-Pay Benefit reimburses co-pay expenses of physician office visits only. Reimbursement is processed *once annually* up to the maximum benefit allowed per family per calendar year. Submit your completed claim form with original receipts clearly indicating the co-pay amount when you have accumulated the maximum benefit allowed for the current calendar year. If you do not accumulate the maximum allowed, submit your claim after December 31 but before March 31 of the following year for what you did pay.

Prescription Drug Co-Pay Benefit

Your CSEA EBF Prescription Drug Co-Pay Benefit reimburses prescription drug card co-pays only. Reimbursement is processed *once annually* up to the maximum benefits allowed per family per calendar year. Submit your completed claim form with original receipts or pharmacy printout attached when you have accumulated the maximum benefit allowed for the current calendar year. If you do not accumulate the maximum allowed, submit your claim after December 31 but before March 31 of the following year for what you did pay.*

Hearing Aid Benefit

Your CSEA EBF Hearing Aid Benefit reimburses the cost of a hearing aid, including charges for its fitting upon the recommendation of a physician. Reimbursement is processed up to the maximum benefit allowed per eligible patient. Submit your completed claim form with original receipts and a copy of your doctor's prescription. Hearing aid repairs, batteries and other non-durable equipment are not covered.

Maternity Benefit

Your CSEA EBF Maternity Benefit will pay up to the maximum allowed to help cover the cost of maternity care in the event of the birth of the member's child. Multiple births receive multiple benefits. Members who give birth while on maternity leave who would otherwise have been eligible for benefits are eligible for this benefit. Members must have been eligible for Fund benefits at least nine months prior to the birth of the child and be eligible on the date of the child's birth. Submit your completed claim form with a copy of the child's birth certificate.

Separate Benefit Checks are processed for each Benefit Claimed
CSEA EBF Phone Number (800) 323-2732

***Cash register receipts, cancelled checks and credit card receipts are not acceptable.**