



### **Instructions for filing a dental claim:**

1. Employee fills out Part 1 of claim form and signs Part 5 after **dental treatment is completed.**
2. Dentist fills out Parts 2 and 4 of claim form and signs Part 6 upon completion of a course of dental treatment.
3. Employee/Dentist mails claim to CSEA Employee Benefit Fund, P.O. Box 489, Latham, N.Y. 12110-0489.
4. Claims should be submitted within 30 days of work completion.
5. **Pre-Determination of Benefits** is required for dental services anticipated to be **in excess of \$200.00.**

The same form may be used when applying for Pre-Determination.

**Reminder: Claim** cannot be processed for payment unless you sign **Part 5.**

### **DEPENDENT STUDENT COVERAGE**

An unmarried child who is a full-time student will be covered up to age 25 (12 hours enrolled for undergraduate credits or 6 hours graduate credits). Proof of student status must be submitted to the Fund annually before a claim can be honored. Such proof consists of a letter from the college or university attesting to his/her full-time attendance during the period that dental services were performed. If this proof has already been recorded with the Fund, it is not necessary to resubmit it with this claim.