



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

Phone 800 323-2732

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
P.O. Box 516
Latham, NY 12110-0516

Last	First	Initial	_____
Member Name			Social Security Number

Number & Street	Apt. No.	Village/Town/City	State	Zip Code
Member's Home Address				

() _____	Member's Employer	Member's Signature
Member's Daytime Phone Number		

Members' Health Insurance Carrier(s)	Spouse's Health Insurance Carrier(s)
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Check The Benefit For Which You Are Submitting.

Claim only those benefits that have been negotiated for you under your collective bargaining agreement.

Physician Co-Pay
Complete this claim form and submit with original receipts attached 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 31st for what you did pay.
See Reverse For Important Information

Prescription Drug Co-Pay
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 December 31st for what you did pay.
See Reverse For Important Information

Hearing Aid
Complete this claim form and submit with *both* your paid bill *and* a copy of 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



C S E A EMPLOYEE BENEFIT FUND Important Benefit Information

**EMPLOYEE
BENEFIT FUND**

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

Phone **800 323-2732**

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 31st but before March 31st 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 benefit 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 31st 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 on 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