



IMPORTANT: PLEASE READ

Combined Co-pay Reimbursement

This claim form should only be used if you are an **active, full time** employee
of

The Unified Court System (UCS)

SUMMARY:

Maximum Reimbursement per family: \$325 per calendar year

Submit your completed form along with an **itemized pharmacy printout and/or physicians receipts** clearly indicating the co-pay amounts.

Cash register receipts, original pharmacy receipts and cancelled checks are not acceptable for this benefit.

Please refer to the detailed instructions on the claim form for more information.

UCS Co-Pay Claim Form

Combined Co-Pay Benefit



Form must be completed and signed by the CSEA Employee Benefit Fund member. All required documentation must be attached.
Incomplete forms will be returned.

MAIL COMPLETED CLAIMS TO

CSEA Employee Benefit Fund
PO Box 516
Latham, NY 12110-0516

Claim Year _____

Member's Name _____ EBF ID# _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Daytime Phone # _____ Email _____

Member's Health Insurance Carrier(s) _____ Spouse's Health Insurance Carrier(s) _____

Member's Signature _____ Date _____

Please allow up to 6 weeks for processing.

IMPORTANT — PLEASE READ

Complete this claim form and submit with your itemized pharmacy printout **and/or** receipts from your physician in one combined claim, when you have reached the maximum benefit of \$325 for the current calendar year. If you do not accumulate the maximum allowed, submit your claim after December 31 for what you did pay. **Deadline for claim submission is March 31 of the following year.**

Prescription drug: Only co-pays are reimbursed. Charges for non-covered drugs, items that cost less than your co-pay amount and brand/generic differentials are not reimbursed. Please submit an **itemized print-out** indicating dates of service, item dispensed and co-pay amount. Please do not use highlighter on print-outs.

Physician office visit: Only co-pays are reimbursed. Receipts must indicate the co-pay was for an office visit. Only one (1) co-pay per visit is reimbursed. Co-pays for additional services performed at the same visit are not reimbursed. Please submit your receipts clearly indicating the co-pay amount. All receipts must be validated by the physician's office (professionally printed receipt or office stamp). Each receipt must include the patient's name, physician's name, and indicate the co-pay was for an office visit. Explanation of Benefits (EOB) from your health insurance carrier will be accepted provided that the EOB includes the necessary information needed to process your claim form. Necessary information includes patient name, co-pay amount, date of service, and indication that the service was for an office visit. Non-physician provider, physical therapy, emergency room, hospital, Urgent care, lab, x-ray/imaging and dental co-pays are not eligible. Deductible/co-insurance payments are not eligible.

Cash register receipts, original pharmacy receipts and cancelled checks are not accepted for this benefit.