# CSEA Employee Benefit Fund
# Hearing Aid Claim Form

CSEA NEW YORK
Employee Benefit Fund

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

## MAJOR PLAN FEATURES

- This benefit reimburses an allowance toward 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 the collective bargaining agreement, per eligible patient.
- Hearing aid repairs, batteries, and other non-durable equipment are not reimbursable.

## INSTRUCTIONS

- Submit your completed claim form with an itemized receipt of payment and an Explanation of Benefits (EOB) from your health insurance.
- All claims must be submitted no later than December 31st of the following calendar year.
- Submit for this benefit only if it has been negotiated for you under your collective bargaining agreement.
- Reimbursement allowances will not exceed the amount paid out for services.

## TO BE COMPLETED BY MEMBER (PLEASE PRINT)

Member's Name _____ EBF ID # _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Daytime Phone # _____ Email _____

## Claim Information (PLEASE CHECK ONE BOX)

Patient Name _____ Relationship _____

**In what ear does the patient wear the hearing aid?**

Left ear only ☐

Right ear only ☐

Both ears ☐

Date of Purchase _____

Member's Signature _____ Date _____

***Please allow up to 6 weeks for processing.***

## MAIL COMPLETED CLAIM TO

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