IMPORTANT: PLEASE READ

Hearing Aid Reimbursement

This claim form should only be used is you are an employee of:

Albany County: (DPW, Social Services, Health Dept, Sheriffs Dept, DGS, Mental Health)
Berne-Knox Westerlo School
City of Cohoes (Clerical)
City of Cohoes (DPW)
City of Long Beach
City of North Tonawanda
City of Rye (Clerical)
City of Rye (DPW)
Ossining Public Library
Smithtown Library
Town of Babylon
Town of Brookhaven
Town of Harrison
Town of Huntington
Town of Smithtown
Town of Southold
Unified Court System (Full Time Only)
Unified Court System (Retiree)
Village of Blasdell
Village of Hamburg
Village of Lloyd Harbor
Village of Southampton
Village of Wappingers Falls (Blue Collar)
Village of Wappingers Falls (White Collar)
Wayland-Cohocton School District

CSEA Employee Benefit Fund
Hearing Aid Claim Form

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

MAIL COMPLETED CLAIM TO

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

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 their 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.

TO BE COMPLETED BY MEMBER (PLEASE PRINT)

Member's Name _____ EBF ID# _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Daytime Phone # _____ Email _____

Patient Name _____ Relationship _____

Please indicate if the hearing aid is for: Left ear ☐ Right ear ☐ Both ears ☐ Date of Purchase _____

Member's Signature _____ Date _____

Please allow up to 6 weeks for processing.