



CSEA EMPLOYEE BENEFIT FUND MATERNITY BENEFIT CLAIM FORM

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

**Mail completed claims to:
CSEA Employee Benefit Fund
PO Box 516
Latham, NY 12110-0516**

Last name of Member: _____

First name of Member: _____ **EBF ID#** _____

New child's name: _____ **Date of birth** ___/___/___

Gender: M___ F___

Member's mailing address:

Street: _____ Apt # _____

City: _____ State: _____ Zip code _____

Daytime phone # () _____ - _____

Member's Signature: _____ **Date:** ___/___/___

Note: Completion of the above information will officially enroll the new dependent under the CSEA Employee Benefit Fund. **Submit this form along with a copy of your child's birth certificate.** If enrollment of additional dependents is needed, an enrollment form can be obtained by calling 1-800-323-2732 or by visiting our website.

Maternity Benefit:

Submit for this benefit only if it has been negotiated for you under your collective bargaining agreement. For full details of your benefits, refer to your Summary Plan Description. Information can also be found by visiting our website.

This benefit will pay up to the maximum allowed under the plan upon the birth of a member's child to help cover the cost of maternity care. Multiple births receive multiple benefits. Members who give birth while on maternity leave who would otherwise have been eligible for this benefit can still submit a claim. Members must have been eligible for fund benefits at least nine months prior to the birth of the child and be eligible on the child's date of birth. All claims must be submitted no later than December 31st of the following calendar year.

CSEA Employee Benefit Fund 1-800-323-2732 www.cseabf.com
