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.

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 P	RINT)			
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				

CSEA Employee Benefit Fund

800-323-2732

www.cseaebf.com