This claim form should only be used if you are an eligible employee of one of the following units:

**An Active Employee of:**

Unified Court System  
City of Long Beach  
Long Beach Housing Authority  
Smihtown Library  
Town of Babylon  
Town of Brookhaven  
Town of Harrison  
Town of Huntington  
Town of Smithtown  
Town of Southhold  
Village of Lloyd Harbor  
Village of Southhampton

**A Retired Employee of:**

Unified Court System  
Town of Brookhaven  
Town of Southhold

**BENEFIT SUMMARY**

- This benefit will pay $200 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 on maternity leave who would otherwise have been eligible for this benefit may still submit a claim.
- Members must be eligible for Fund benefits for a minimum of nine months prior to the birth of the child and must be benefits eligible on the child’s date of birth.
Maternity Benefit Claim Form

TO BE COMPLETED BY MEMBER

(PLEASE PRINT)

Member’s Name _____________________________________________________ EBF ID# _____________________________________________________________
Mailing Address ____________________________________________________________________________ Apt # ______
City __________________________________________________________________________________________ State ___________ Zip Code _____________

Daytime Phone # __________________________ Email __________________________

New Child’s Name ___________________________________________ Date of Birth _____ / _____ / _____ M □ F □

Does this dependent have other dental coverage? □ Yes □ No

If yes, please indicate the name of the other plan _____________________________________ Effective Date _______________________

Member’s Signature __________________________________________ Date ____________________________

Please allow up to 6 weeks for processing.

MAIL COMPLETED FORM TO

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

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

MAJOR PLAN FEATURES

• This benefit will pay $200 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 on maternity leave who would otherwise have been eligible for this benefit may still submit a claim.
• Members must be eligible for Fund benefits for a minimum of nine months prior to the birth of the child and must be benefits eligible on the child’s date of birth.

INSTRUCTIONS

• Submit this form with a copy of your child’s birth certificate(s).
• All claims must be submitted no later than December 31st of the following calendar year.
• If enrollment for additional dependents is needed, an enrollment form can be obtained by calling 800-323-2732 or by visiting our website, www.cseaebf.com
• Submit for this benefit only if it has been negotiated for you under your collective bargaining agreement.