CSEA NEW YORK
Employee Benefit Fund

Annual Physical Benefit

Major Plan Features

Reimburses up to $95 towards the out-of-pocket cost of services not covered by your primary insurance carrier of a routine annual physical.

Covers eligible employees and their spouses once every calendar year.

How to Use This Benefit

1. Obtain an Annual Physical Benefit Claim Form from **www.cseaebf.com**, or call 800-323-2732 or 518-782-1500 to request a form.
2. Submit your completed form with your ***physician's bill*** and ***statement from your primary health insurance carrier*** to the Fund office showing balance due on annual physical services to:

   CSEA Employee Benefit Fund
   P.O. Box 516
   Latham, NY 12110-0516

3. The Fund will send the check ***to the member***.

Limitations & Exclusions

- Co-pays are not reimbursable under this plan.
- **Deadline for submission is March 31st of the following year for out-of-pocket expenses from the previous calendar year's physical.**