

# ANNUAL PHYSICAL BENEFIT



## **Major Plan Features**

- Covers eligible employees and their spouses once every calendar year.
- Reimburses up to \$95 towards the out-of-pocket cost of services not covered by your primary insurance carrier of a routine annual physical.

## **How To Use This Benefit**

- Obtain an Annual Physical Benefit Claim Form from [www.cseaebf.com](http://www.cseaebf.com), or you can call 800-323-2732, 518-782-1500 or TDD# 1-800-532-3833 to request a form.
- 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.  
CSEA Employee Benefit Fund  
P.O. Box 516  
Latham, NY 12110-0516
- **Deadline for submission is March 31st of the following year for out-of-pocket expenses from the previous calendar year's physical.**
- The Fund will then send the **check to the member.**

## **Limitation And Exclusion**

- Co-pays are not reimbursable under this plan.