WAPPINGERS CONGRESS OF TEACHERS
Welfare Trust Fund

MAIL COMPLETED FORM TO:
Wappingers Congress of Teachers
Welfare Trust Fund
253 West 35th Street, 12th Floor
New York, New York 10001

HEARING AID CLAIM FORM

PLEASE PRINT ALL INFORMATION LEGIBLY.

MEMBER'S LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NO.

FULL MAILING ADDRESS — NO. AND STREET	APT. NO.	HOME TELEPHONE NO.

CITY	STATE	ZIP CODE	IS THE ABOVE ADDRESS DIFFERENT FROM YOUR LAST CLAIM FILED? ☐ YES ☐ NO	IS THIS THE FIRST HEARING AID CLAIM FILED BY YOU? ☐ YES ☐ NO

MEMBER'S BIRTH DATE — MONTH / DAY / YEAR	EMPLOYEE'S CURRENT EMPLOYER

PATIENT'S NAME

LAST _____ FIRST _____ MIDDLE INITIAL _____

I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT AND AUTHORIZE RELEASE OF ANY INFORMATION NECESSARY TO PROCESS THIS CLAIM. BENEFITS ARE NOT AVAILABLE UNDER ANY OTHER GROUP PLAN EXCEPT AS INDICATED ABOVE.

Member Sign Here _____ Date _____

TO BE COMPLETED BY PHYSICIAN, OTOLOGIST OR AUDIOLOGIST

EXAMINATION: Patient's Name: _____

Hearing Aid Received : _____ Left Ear _____ Right Ear

Date of Exam: _____ Charge for Exam: $

MATERIALS:

Type and Model of Hearing Aid: _____

Cost of Hearing Aid: $_____

I am a legally qualified: ☐ Physician ☐ Otologist ☐ Audiologist

Name (Please Print) _____ Signature / Date

Office Address City State Zip

Telephone Number _____ License Number

THIS FORM WILL BE RETURNED IF IT IS INCOMPLETE OR INCORRECT

NOTICE TO MEMBERS

- There is a $500 benefit per ear every 48 months for all eligible members, spouses, and dependents.

- Bring a claim form with you when you visit your hearing professional. Complete your part - give all the information required.

- A covered patient may go to any licensed hearing professional for a test and/or hearing aid device.

- Please ensure that you have signed all hearing certification boxes on the claim form.

- Please ensure the hearing aid provider has filled in all sections of information and signed where applicable.

- Attach all bills to this claim form and mail to:

Wappingers Congress of Teachers
Welfare Trust Fund
c/o Daniel H. Cook Associates, Inc.
253 West 35th Street, 12th Floor
New York, NY 10001

- If you have any questions, please contact the Fund office at (212) 505-5050.