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New York State Court Clerks Association

Security Benefits Fund

170 Duane Street, New York. NY 10013 Office: (212) 941-5700 Fax: (212) 941-5705 www.nyscourtclerks.org



Optical Reimbursement Form

Active

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Member's Last Name	Member's First Name	Member's Social Security No.						
Member's Mailing Address	Apt. No.		Member's Date of Birth MM / DD / YY					
City	State	Zip	Active	Retired				
Patient's Last Name	Patient's First Name	Patient's Date of Birth MM / DD / YY						
E-mail Address	Telephone No.	Date of Service MM / DD / YY	Relationsh	ip to Member				
I certify that the information given is correct and authorize	e release of any information nec	essary to process this claim.						
1	Member's Signature:		Date:					
TOTAL AMOUNT :								

This benefit provides reimbursement up to a maximum of \$300 per calendar year.

ALL CLAIMS MUST BE SUBMITTED BY JANUARY 31, 2023

Attach Copies of Original Receipts to This Claim Form

Please attach itemized receipt that contains: Patient's Name, Date of Service, the prescription and proof of payment.

Mail completed forms to:

New York State Court Clerks Association C/O Daniel H. Cook Associates, Inc. 253 West 35TH Street, 12TH Floor New York, NY 10001 (212) 505-5050

The State of New York requires this statement to appear on all claims forms:

"Any person who knowingly and with the intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation." Fraudulent insurance acts are a crime in all states, and additionally a felony in several states.