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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

Member's Last Name	Effective 01/01/23		Member's SSN (last 4 digits)	
Member's Last Name	Member's First Name		Member's SSN (last 4 digits)	
Member's Mailing Address		Apt. No. Member's Date of Birth		
			mm / di	D/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	Celephone No. Date of Service Relatio		Relationshi	ip to Member
	•	MM / DD / YY	-	
I certify that the information given is correct and authorize release of any information necessary to process this claim.				
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, 2024

## 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.

Email completed forms to <u>intake@dhcook.com</u>

Mail completed forms to:

New York State Court Clerks Association C/O Daniel H. Cook Associates, Inc. 253 West 35<sup>TH</sup> Street, 12<sup>TH</sup> 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.