Chairperson
Glenn L. Damato
Trustees
Brian Hamerman
J.T. Lydon
Juanita M. Jordan
Eric Reiss
Anthony Distefano
Irene Laracuenta
Donna Orr
John Stubbs

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	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	Relationship to Member	
I certify that the information given is correct and authorize release of any information necessary to process this claim.				
N	Member's Signature:		Date:	
TOTAL AMOUNT:				

This benefit provides reimbursement up to a maximum of \$250 per calendar year.

ALL CLAIMS MUST BE SUBMITTED BY JANUARY 31, 2021

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