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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



Hospitalization Reimbursement Claim Form

Retired

Effective 1/1/2022

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	
E-mail Address		Telephone Number	Cell Phone Number		
		,			
atient's Last Name Patient's First Na		t Name	Total Number of Days in the Hospital, <u>NOT</u> including discharge date		
Hospital Name		Date of Admission	discha	ige date	
DI CONTRACTOR OF THE PROPERTY		MM /DD/YY			
Physicians Name		Date of Discharge MM /DD/YY			
I certify that the information given is corn Benefits are payable to Member only	rect and authorize rele	ase of any information necessary	y to process this c	laim.	
Member's Signature:			Date:		
* Retired \$100 per day up to 10 day	/s per calendar year	only the member and spouse a	re covered		

ALL CLAIMS MUST BE SUBMITTED BY JANUARY 31, 2023

ATTACH ALL APPLICABLE HOSPITAL RECEIPT AND /OR SUPPORTING DOCUMENTATION

Your Receipts MUST HAVE Admission Date and Discharge Date

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:

[&]quot;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.