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

Hearing Aid Benefit Reimbursement
Retired
Effective 1/1/2023

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 /DD/YY	
City	State	Zip	Active ☐	Retired ☐
E-mail Address		Telephone Number	Cell Phone Number	

Patient's Last Name	Patient's First Name	Left Hearing Aid ☐
Provider's Name	Date of Service MM /DD/YY	Right Hearing Aid ☐
Provider's Address		Both ☐

I certify that the information given is correct and authorize release of any information necessary to process this claim.
Benefits are payable to Member only

Member's Signature: _____Date: _____

TOTAL AMOUNT : _____

The fund will reimburse a member up to $400 per Hearing Aid every 48 months.
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 intake@dhcook.com

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.