Chairperson
Imogene V. Jones
Trustees
Jennifer L Murphy
Anthony Distefano
Brian Hamerman
Juanita Jordan
Irene Laracuenta
J.T. Lydon

Donna Orr Renee Sealey

## 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 1/1/2023

	Effective	1/1/2023			
Member's Last Name Member's First N		st Name	Member's SSN (last 4 digits)		
Member's Mailing Address		Apt. No.	Member's Da	nte of Birth	
Weiner S Waning Places			MM /DD/YY		
City	State	Zip	Active	Retired	
E-mail Address		Telephone Number	Cell Phone Number		
Patient's Last Name	Patient's First Name		Total Number of Days in the Hospital, <u>NOT</u> including		
Hospital Name		Date of Admission	discharge date		
		MM /DD/YY			
Physicians Name		Date of Discharge			
		MM/DD/YY			
I certify that the information given is consequently Benefits are payable to Member only	orrect and authorize rele	ase of any information necessar	y to process this c	elaim.	
Member's Signature:			Date:		
* Retired \$100 per day up to 10 d	ays per calendar year	only the member and spouse a	are covered		

ALL CLAIMS MUST BE SUBMITTED BY JANUARY 31, 2024

ATTACH ALL APPLICABLE HOSPITAL RECEIPT AND /OR SUPPORTING DOCUMENTATION

Your Receipts MUST HAVE Admission Date and Discharge Date

Email completed forms to <a href="mailto:intake@dhcook.com">intake@dhcook.com</a>

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.