

# MARBLE INDUSTRY TRUST FUND

C/O Daniel H. Cook Associates, Inc.  
1040 Avenue of the Americas, 24th Floor  
New York, NY 10018  
Optical Reimbursement Form

Last Name	Member's	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 <input type="checkbox"/>	Retired <input type="checkbox"/>
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.				
Member's Signature: _____ Date: _____				
TOTAL AMOUNT : _____				

## 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:

Marble Industry Trust Fund  
C/O Daniel H. Cook Associates, Inc.  
1040 Avenue of the Americas, 24th Fl  
New York, NY 10018  
(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.