LOCAL 300-SEIU, AFL-CIO
WELFARE FUND
RETIREE

MAIL COMPLETED FORM TO:
L300-SEIU, AFL-CIO
WELFARE FUND
1040 Sixth Ave , 24th Floor
New York, New York 10018

HEARING AID CLAIM FORM

PLEASE PRINT ALL INFORMATION LEGIBLY

MEMBER'S LAST NAME	FIRST NAME / INITIAL	SOCIAL SECURITY NO.

FULL MAILING ADDRESS — NO. AND STREET	APT. NO.	HOME TELEPHONE NO.

CITY	STATE	ZIP CODE	IS THE ABOVE ADDRESS DIFFERENT FROM YOUR LAST CLAIM FILED? YES NO	IS THIS THE FIRST HEARING AID CLAIM FILED BY YOU? YES NO

MEMBER'S BIRTH DATE — MONTH / DAY / YEAR	EMPLOYEE'S CURRENT EMPLOYER

PATIENT'S NAME

LAST FIRST MIDDLE INITIAL

I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT AND AUTHORIZE RELEASE OF ANY INFORMATION NECESSARY TO PROCESS THIS CLAIM. BENEFITS ARE NOT AVAILABLE UNDER ANY OTHER GROUP PLAN EXCEPT AS INDICATED ABOVE.

Member Sign Here _____ Date _____

TO BE COMPLETED BY PHYSICIAN, OTOLOGIST OR AUDIOLOGIST

EXAMINATION: Patient's Name: _____

Hearing Aid Received: _____ Left Ear _____ Right Ear

Date of Exam: _____ Charge for Exam: $

MATERIALS:

Type and Model of Hearing Aid: _____

Cost of Hearing Aid: $_____

I am a legally qualified: Physician Otologist Audiologist

_____

Name (Please Print) Signature / Date

Office Address City State Zip

_____

Telephone Number License Number

THIS FORM WILL BE RETURNED IF IT IS INCOMPLETE OR INCORRECT

NOTICE TO MEMBERS

- There is a $750.00 benefit per ear every 24 months for all eligible members, spouses, and dependents.

- Bring a claim form with you when you visit your hearing professional. Complete your part - give all the information required.

- A covered patient may go to any licensed hearing professional for a test and/or hearing aid device.

- Please ensure that you have signed all hearing certification boxes on the claim form.

- Please ensure the hearing aid provider has filled in all sections of information and signed where applicable.

- Attach all bills to this claim form and mail to:

L300 – SEIU AFLCIO
WELFARE FUND
C/o Daniel H. Cook Associates, Inc.
1040 Sixth Ave , 24th Floor
New York, NY 10018

- If you have any questions, please contact the Fund office at (212) 505-5050.