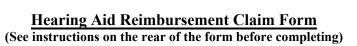


SERGEANTS BENEVOLENT ASSOCIATION HEALTH AND WELFARE FUND

57 LEONARD STREET NEW YORK, N.Y. 10013





A	ctive	Retired_		
Member Tax #				
Member Name (Last, First)				
Home Address			· · · · · · · · · · · · · · · · · · ·	
City, State, Zip Code				
Telephone Number ()			_
E-Mail Address				
Please attach an original itemized bill				
Patient Name		P	atient DOB	
Relationship to Member: So	elfSp	oouse/D.P	Son	Daughter
Ear: Left	Right	Both	1	
Amount Submitted for Rein	nbursement \$_			
Date of Claim/	_/			
Is this patient eligible for an such as, but not limited to, u insurance, extended Durable future provide any reimbur (Please describe	nion coverage, e Medical Equi sement for this	Medicaid, Med pment (D.M.E.) hearing aid cla	licare, supplem) policy, which im? Yes	nental health has or will in theNo
I certify that this claim is submitted fo itemized bill confirming these charges. this hearing aid claim now or in the fu I receive any nondisclosed reimbursem	I have disclosed any ture. I fully understa	/all reimbursement l	I have received or an notify the S.B.A. Ho	e eligible to receive for
Member Signature			////	

Hearing Aid Reimbursement

Active and Retired Sergeants, Member Spouses, and Registered Domestic Partners

\$500.00 stipend per device Maximum Benefit \$1000.00 Every four (4) years

Eligible Dependent Children \$1000.00 stipend per device Maximum Benefit \$2000.00 Every two (2) years.

Benefit Guidelines:

- 1. Initial medical evaluation and approval for a hearing aid must be performed by a Board-Certified Otolaryngologist.
- 2. Member must submit a signed letter from their Otolaryngologist on official letterhead outlining the detailed diagnosis and need for hearing aid. Members must also submit all test results including all Audiometric tests.
- 3. Requesting member must provide a paid itemized bill that reflects the qualified product purchased.
- 4. The claim must be submitted within one year of the purchase date.
- 5. All claims are subject to review for duplication, coordination of benefits, worker's compensation etc. At no time will the fund reimburse more than 100% of a claim cost.
- 6. The benefit does not cover the exam, repairs, batteries, accessories, and service contracts.
- 7. The fund will reimburse for ear molds, for children only, in lieu of a new device, under the same two-year guidelines.
- 8. All completed forms should be forwarded to:

S.B.A. Health and Welfare 57 Leonard Street New York, NY 10013 Attn: Hugh Barry