

United Teachers of Seaford Trust Fund
Local 1780

ACTIVE

RETURN THIS FORM TO
United Teachers of Seaford
Trust Fund
c/o Daniel H. Cook Associates
1040 Sixth Ave, 24th Floor
New York, NY 10018
(212) 505-5050
Email: seaford@dhcook.com

EFFECTIVE 01/01/24

MEMBER NAME: (print last name first)	Sex (circle one) M F	MEMBER ID NUMBER 	MEMBER DATE OF BIRTH MO. DY. YR.
Patient Name (print last name first)	Sex (circle one) M F	SELF <input type="checkbox"/>	SPOUSE <input type="checkbox"/>
PATIENT DATE OF BIRTH MO. DY. YR.			

HOME ADDRESS: Number and Street APT.	HOME PHONE (include area code)
CITY STATE ZIP PAYROLL TITLE	EMPLOYER PHONE (include area code)

I certify that the information given is correct and authorize release of any information necessary to process this claim.	MEMBER SIGN HERE _____ Date _____
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Benefits are payable to member and spouse only

Optical (Member and Spouse)

- ☐ **Member** (reimbursement up to \$400.00 per calendar year)
- ☐ **Spouse** (reimbursement up to a \$200.00 per calendar year)

Amount Requested \$ _____

Co-Pay Benefit (Member and Spouse)

- ☐ This benefit pays medical and prescription co-payment and deductible costs for services under the medical plan for a **combined coverage** up to \$400.00 per calendar year. The \$400 coverage can be **any COMBINATION** from member and spouse. (For example, the member might submit \$250 worth of covered expenses and their spouse might submit \$150 for a total benefit of \$400/calendar year). **Since this is a combined benefit, you only need to submit one claim. Please make sure that your spouse is enrolled in order to receive benefits.**

Amount Requested \$ _____

You may claim your co-pay benefit at any point during the year at which you reach your benefit maximum. If you choose to wait, your claim **MUST** be submitted in the first quarter following the year charges were incurred to be eligible for coverage. (Example: Covered expenses incurred from 1/1/24 through 12/31/24 can be claimed between 1/1/25 and 3/31/25).

Please include copies of all bills and/or explanation of benefits denoting your out-of-pocket expense.