

**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  
253 West 35<sup>th</sup> Street, 12<sup>th</sup> Floor  
New York, NY 10001  
(212) 505-5050**

**EFFECTIVE 01/01/23**

MEMBER NAME: (print last name first)	Sex (circle one) <b>M</b> <b>F</b>	MEMBER ID NUMBER 	MEMBER DATE OF BIRTH MO.    DY.    YR.
Patient Name (print last name first)	Sex (circle one) <b>M</b> <b>F</b>	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 \_\_\_\_\_

**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 1/1/23 through 12/31/23 can be claimed between 1/1/24 and 3/31/24).

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