



CSEA EMPLOYEE BENEFIT FUND CLAIM FORM

Use this form to claim CSEA Employee Benefit Fund benefits for

Prescription Drug Co-Pay Benefit

Phone 800 323-2732

Claim Form must be completed and signed by the CSEA Employee Benefit Fund Member. All required documentation must be attached. *Incomplete claims will be returned.*

Mail completed claims to:
**CSEA Employee Benefit Fund
 P.O. Box 516
 Latham, NY 12110-0516**

Last First Initial _____
Member Name Social Security Number

Number & Street Apt. No. Village/Town/City State Zip Code
Member's Home Address

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Member's Daytime Phone Number Member's Employer Member's Signature

Members' Health Insurance Carrier (s) Spouse's Health Insurance Carrier(s)

What Is The Benefit

- Members who are enrolled in the New York State Health Insurance Program (either the Empire Plan or Health Maintenance Organization) are entitled to reimbursement once annually for NYSHIP prescription drug co-pays only for themselves and their dependents.
- Only one claim per year is processed. To obtain the maximum benefit, wait until your co-pay expenses reach \$400 before filing your claim.
- If you do not accumulate \$400 before the end of the year, submit your claim after December 31 but before March 31 of the following year for what you did pay over \$300.
- Submit your completed form with original receipts or pharmacy printout clearly indicating the co-pay amount, and a photocopy of your Empire Plan or HMO insurance card.