

STEAMFITTERS' INDUSTRY WELFARE FUND
APPLICATION FOR VISION CARE AND HEARING AID BENEFITS

- All information on this application must be completed.
- Please read the reverse side of this application for further details and updated documentation requirements needed for this benefit.
- Welfare Fund disbursements are processed every Thursday. If you are enrolled in direct deposit, funds are available in your bank account on Friday. If you are not enrolled in direct deposit, a check will be mailed to your address on file at the Fund Office on Friday.
- To avoid mailing delays and receive your reimbursement faster, we strongly encourage all participants to enroll in direct deposit with the Fund Office. Please take advantage of Direct Deposit so you can receive your benefit payments electronically. You can download a form on steamfitters.com under the Forms section or contact our office at 212-465-8888 to request that a form be mailed to you.

Book Number _____

Name _____

_____ Home Telephone

_____ Mobile

_____ E-mail

Claim Type:

Vision Benefit

Hearing Benefit

Claim is for:

Member

Spouse

Dependent

Dependent's Name _____

[Legal Dependent Only]

Please reimburse any unpaid amounts from my Health Reimbursement Account. If this claim is for an amount which exceeds my account balance in the Healthcare Reimbursement Account, the necessary amount from my Security Benefit Fund account can be transferred to the Healthcare Reimbursement Account so that this claim can be paid in, or as close to as possible, the full amount of the submitted claim.

MEMBER
SIGNATURE _____

DATE _____



VISION CARE BENEFITS

Vision Care Benefits are available for eligible participants and their dependents. This benefit provides reimbursement for the cost of eye examinations, frames, and/or lenses, including contact lenses. Non-prescription glasses and sunglasses are not eligible for reimbursement. Please note that the Welfare Fund no longer accepts handwritten itemized bills for reimbursement purposes.

If you are submitting a claim for prescription glasses, the itemized bill must include the patient's name and must be accompanied by your eye doctor's prescription. The prescription provided by the eye doctor must match the prescription filled on the itemized bill from the provider in order for the claim to be considered valid.

Additionally, proof of payment must be submitted with the claim, including but not limited to a cancelled check, credit card statement, bank statement, or similar documentation.

Vision Care Benefits are available in the amount of \$300 per person per calendar year. Eligibility is determined based upon the date of service or purchase date, not the date the claim form is submitted. Participants must be covered under the Welfare Fund on the applicable date of service or purchase date in order for the expense to be eligible.

Any unpaid balance for eligible vision care expenses incurred by you or your dependents that is not covered under this benefit may be submitted to the Healthcare Reimbursement Account/Security Benefit Fund, subject to available account balances and applicable Fund rules.

HEARING AID BENEFITS

Hearing Aid Benefits are available solely as reimbursement towards the cost of purchasing a hearing aid. It is available to you and your dependents. Hearing Aid Benefits cannot exceed \$2,000 per person during any calendar year. The purchase date of the hearing aid is the applicable date, not the date you file the claim form. In addition, you must be covered in the Welfare Fund on the purchase date. This benefit cannot be used for the cost of repairs to a hearing aid or for batteries.

All applications for the Hearing Aid Benefit must be accompanied by an itemized bill and a letter of medical necessity written by a healthcare professional. This professional must be a Doctor of Medicine (MD), Doctor of Audiology (AuD), or have a Certificate of Clinical Competence (American Speech-Language-Hearing Association certification) (CCC-A)). This letter must be specifically addressed to the Trustees of the Welfare Fund and must state the patient name, the date they were evaluated and the diagnosis of the patient.

Any unpaid balance of your or your dependents hearing aid purchase may be submitted to the Healthcare Reimbursement Account/Security Benefit Fund if you have available funds.