



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

- All information on this application must be completed. This application must be accompanied by an "itemized receipt" for services rendered or equipment purchased. The maximum benefit is listed on the reverse side. Please read the reverse side of this application for further details about both of these benefits. You must complete a separate application for each claim.
- Checks will be mailed to the address the Fund Office has on file for you. If you wish to change your address please call the Fund Office for the necessary *Change of Address* form.
- All Applications for Hearing Aid Benefits must be accompanied by a letter of medical necessity written by a healthcare professional.

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 you and your dependents. This benefit will reimburse you for the cost of eye examinations, frames, and/or lenses including contact lenses. Non-prescription sunglasses are not eligible for reimbursement.

If you are ordering prescription glasses online the itemized bill must contain the patient's name and must be accompanied by the doctor's prescription. The doctor's prescription and the prescription on the itemized bill from the online provider must match in order for the claim to be deemed valid.

Please note that the Welfare Fund will not accept handwritten itemized bills for reimbursement. If the provider will only supply you with handwritten itemized bills you must submit proof of payment (cancelled check, credit card statement, etc.)

Vision Care Benefits are available in the amount of \$300 per person each calendar year. The date of service or the purchase date are the applicable dates; not the date you file the claim form. In addition, you must be covered on the Welfare Fund on the date of service or the purchase date.

Any unpaid balance of your or your dependent's vision care expenses not covered by the benefit may be submitted to the Healthcare Reimbursement Account/Security Benefit Fund if you have available funds.

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 \$2000 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.