



RETIREE

EXCESS MEDICAL BENEFIT CLAIM FORM

MAIL CLAIM TO:

Great Neck Teachers Association Benefit Trust Fund

253 West 35th Street- 12th Floor, New York, New York 10001

Tobi Janowitz (212) 505-5050 Ext. 221

Patient's Name		Relationship to Member Self Spouse Child Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Patient's Date of Birth Month Day Year	Patient's Social Security Number - -
Member's Last Name		First Name		Initial		Social Security # - -
Full Mailing Address			No. and Street		Apt. No.	Home Phone () -
City	State	Zip		Is the above Address different from your last claim filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this the first claim filed by you? <input type="checkbox"/> Yes <input type="checkbox"/> No
					Member's Date of Birth Month Day Year	
Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes" give name and address of your spouse's employer				
Are benefits available from any other group insurance carrier for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", give name and carrier, plus name and LD. No. of subscriber					Spouse's Date of Birth Month Day Year	
I certify that the information given is correct and authorize release of any information necessary to process this claim. Benefits are not available under any other group plan except as indicated above.				<u>BENEFITS ARE PAYABLE TO MEMBER ONLY</u>		
MEMBER SIGN HERE _____				DATE _____		

Mark the benefit (s) for which you are applying: PLEASE ATTACH the explanation of benefits from the Empire Plan (United Health Care-Blue Cross), or any other group coverage along with applicable receipts and supporting documents.

- VISION CARE BENEFIT**
This benefit provides up to a maximum of \$150 per insured person, based on the fee schedule once every two policy-years.
- OUT-PATIENT PSYCHIATRIC BENEFIT**
This benefit will pay up to \$25.00 per visit for out-of-network provider. Will reimburse co-payment up to \$25.00 for in-network provider
- OUT-PATIENT REHABILITATION BENEFIT**
This benefit is provided on a first dollar basis and coordinated with the Empire Plan (United Health Care-Blue Cross). Refer to your benefit booklet for information on specific areas of coverage. Maximum \$1000 per calendar year
- IN-HOSPITAL CASH BENEFIT**
This benefit is provided for MEMBER AND SPOUSE ONLY - \$10/day, from the first day for as long as 26 weeks.
- IN-HOSPITAL PRIVATE DUTY NURSING BENEFIT**
This benefit provides 50% of the Usual and Customary charge for the first 48 hours of private duty nursing/hospitalized.
- CO-INSURANCE REIMBURSEMENT BENEFIT**
This benefit pays for the participant's 20% co-insurance portion of allowable expenses under the Empire Plan (United Health Care-Blue Cross) when covered expenses reach or exceed \$1250.00. Refer to the Summary of Benefits for specific details and exceptions. Reimbursement maximum of \$750 per family.