



**GREAT NECK TEACHERS ASSOCIATION
BENEFIT TRUST FUND
EXCESS MEDICAL BENEFIT CLAIM FORM**

MAIL CLAIMS TO:
THE PREFERRED GROUP
PO BOX 15136
ALBANY, NY 12212
HELP LINE:(866) 989-8997
FAX (866) 539-1394

IN-SERVICE

Patient's Name: (Last) _____ (First) _____ (Middle) _____		Patient's Date of Birth ___ / ___ / ___	Patient's Social Security Number XXX-XX-_____
Member's Name: (Last) _____ (First) _____ (Middle) _____		Member's Date of Birth ___ / ___ / ___	Member's Social Security Number XXX-XX-_____
Mailing Address: (No. and Street/Apt. No.) _____ (City, State and Zip) _____			Has Address Changed <input type="checkbox"/> Yes <input type="checkbox"/> No
Member's Classification (Check one) <input type="checkbox"/> GNTA <input type="checkbox"/> OSA <input type="checkbox"/> SAGES <input type="checkbox"/> PARA	COBRA <input type="checkbox"/> Yes <input type="checkbox"/> No	Patient's Relationship to Member <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Patient's Gender <input type="checkbox"/> M <input type="checkbox"/> F
Is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give name and address of your spouse's employer _____		Spouse's Date of Birth ___ / ___ / ___
Are benefits available from any other group insurance carrier for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subscriber Name, ID # and Carrier _____		

BENEFITS ARE PAYABLE TO MEMBER ONLY

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.

MEMBER SIGNATURE _____ 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.

CLAIMS MUST BE SUBMITTED WITHIN 12 MONTHS FROM THE DATE ON THE EMPIRE EXPLANATION OF BENEFITS

<input type="checkbox"/> HEARING AID BENEFIT – Pays up to \$300 once every 48 months. Replacement hearing aids will be reimbursed at \$10 within the 48-month period. (GNTA, OSA and COBRA only) <input type="checkbox"/> VISION CARE BENEFIT – Provides a maximum of \$225 per insured person once every 1 policy years. (GNTA & OSA only) <input type="checkbox"/> VISION CARE BENEFIT – Provides a maximum of \$150 per insured person once every 2 policy years. (SAGES only) <input type="checkbox"/> OUT-PATIENT PSYCHIATRIC BENEFIT* – Pays up to \$25.00 per visit for out-of-network provider. Reimburses co-payment up to \$25.00 for in-network provider. <input type="checkbox"/> OUT-PATIENT REHABILITATION BENEFIT* – Pays up to \$1,000 with an additional 1% of all out-patient rehabilitations costs. Provided on a first dollar basis and coordinated with the Empire Plan (United Health Care-Blue Cross).	<input type="checkbox"/> IN-HOSPITAL / IN-PATIENT CASH BENEFIT* – Provides MEMBER or SPOUSE up to \$50/day, to a maximum of 7 day for in hospital only. <input type="checkbox"/> IN-HOSPITAL PRIVATE DUTY NURSING BENEFIT* – Provides 50% of the Usual and Customary charge for the first 48 hours of private duty nursing/hospitalization. <input type="checkbox"/> OUT OF NETWORK – DEDUCTIBLE BENEFIT* – Pays up to and including \$1,000 of your annual Out-of-Network Deductible for the participant and/or family with an additional 1% of all deductible costs incurred in that same year. <input type="checkbox"/> IN-HOSPITAL PRIVATE DUTY NURSING BENEFIT* – Provides 50% of the Usual and Customary charge for the first 48 hours of private duty nursing/hospitalization. <input type="checkbox"/> LASIK EYE SURGERY – Up to \$400 per eye every 48 months, use of this benefit will waive the Optical & Vision benefits from 48 months from date of service. (GNTA & OSA only)
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ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD THE FUND OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACTUAL MATERIAL, THERETO, COMMITS A FRAUD, WHICH IS A CRIME.