



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 \$250 per insured person 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) to \$600 with an additional 1% of all out-patient rehabilitations costs
- IN-HOSPITAL CASH BENEFIT ***
This benefit is provided for MEMBER and SPOUSE at-\$50/day, to a maximum of 7 day for in hospital only.
- 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.
- OUT OF NETWORK – DEDUCTIBLE BENEFIT ***
This benefit pays up to and including \$400 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.

***Claims must be submitted within 12 months from the date on the Empire Explanation of Benefits**