



UNITED PUBLIC SERVICE EMPLOYEE BENEFIT PLAN

3555 Veterans Highway • Suite H • Ronkonkoma • NY 11779

(631) 738-8773 • Fax: (631) 738-7236

825-C

UPSE Benefit Plan Hauppauge School District Participant
Deductible Reimbursement Form

Use this form to claim UPSE Benefit Plan benefits for
OUT-OF-POCKET EXPENSE FOR DEDUCTIBLE AMOUNT
Based on EOB Amounts Applied Toward Deductible

Claim form must be completed and signed by the UPSE Employee Benefit Plan Participant. Attach a copy of the explanation of benefits (EOB) and receipt of payment along with this form. All required documentation must be attached. *Incomplete claims will be returned.*

Mail completed claims to
United Public Service Employee Benefit Plan
3555 Veterans Highway, Suite H, Ronkonkoma, NY 11779
Ronkonkoma, NY 11779

Members Last Name _____ First _____ Initial _____ Social Security # / /

Number & Street _____ Apt. No. Village/Town/City _____ State _____ Zip _____

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Member's Daytime Phone Number _____ Member's Employer _____ Member's Signature _____

Member's Health Insurance Carrier(s) _____ Spouse's Health Insurance Carrier _____

Annual Deductibles

Individual Deductible - \$250.00

Family Deductible - \$625.00

UPSE Benefit Plan will reimburse a maximum of \$250.00 towards individual deductible and \$625.00 towards family deductible which represents the full deductible (reimbursements for services and charges applied towards deductibles).