

HAUPPAUGE SCHOOL DISTRICT

**UNITED PUBLIC SERVICE
EMPLOYEES BENEFIT PLAN**

TELEPHONE:
(631) 738-8773

3555 VETERANS HIGHWAY, SUITE H
RONKONKOMA, NY 11779

Use this form to claim UPSE Benefit Plan benefits for

Emergency Room Co-Pay/Prescription Drug Co-Pay

Claim Form must be completed and signed by the UPSE Employee Benefit Plan Participant
All required documentation must be attached. *Incomplete claims will be returned.*

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

Last _____ First _____ Initial _____ (____)
Member Name **Social Security Number**
(Last four (4) digits only)

Number & Street _____ Apt. No. _____ Village/Town/City _____ State _____ Zip _____
Member's Home Address

(____) _____ - _____ Hauppauge School District
Member's Daytime Phone Number **Member's Employer** **Member's Signature**

USWU Local 74
Member's Health Insurance Carrier(s) **Spouse's Health Insurance Carrier(s)**

Check The Benefit for Which You Are Submitting

Emergency Room

Complete this claim form and submit with
both your paid deductible **and** a copy of USWU
Local 74 acceptance of the emergency room visit.

Prescription Drug Co-Pay

For \$50.00 (30 day) \$100.00 (mail order - 90 day)
co-pays for non-preferred brand prescriptions.
Complete this claim form and submit with original
receipts or pharmacy printout attached. \$20.00 per
retail and \$40.00 per mail order will be
reimbursed. Maximum \$400.00 per calendar year
per individual/family will be reimbursed combined
retail/mail order.

Separate Benefit Checks Are Processed For Each Benefit Claimed.