



UNITED PUBLIC SERVICE EMPLOYEE BENEFIT PLAN
3555 Veterans Highway • Suite H • Ronkonkoma • NY 11779
(631) 738-8773 • Fax: (631) 738-7236

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UPSE Benefit Plan Hauppauge School District Participant
Reimbursement Form

Use this form to claim UPSE Benefit Plan benefits for
Anthem Blue Cross/Blue Shield - Medical Co-Pay 90%/10%

Claim Form must be completed and signed by the UPSE Employee Benefit Plan Participant.
Attached a copy of any explanation of benefits 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
631.738.8773

Members Last Name First Initial Social Security # / /

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

( ) -
Member's Daytime Phone Number Member's Employer Member's Signature

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

After an individual out-of-pocket expense of \$1,250.00 (of the 10% cost sharing of the Anthem B/C
B/S Plan) you will be reimbursed up to \$1,250.00 by the UPSE Benefit Plan. ( The Anthem B/C B/S
Plan pays 100% after a maximum of \$1,500.00 in out-of-pocket cost have been paid for by the
participant, up to \$1,250.00 of which will be reimbursed by UPSE Benefit Plan).

After a family out-of-pocket expense of \$500.00 (of the 10% cost sharing of the Anthem B/C B/S
Plan) you will be reimbursed up to \$3,250.00 by the UPSE Benefit Plan. ( The Anthem B/C B/S
Plan pays 100% after a maximum of \$3,750.00 in out-of-pocket cost have been paid for by the
participant, up to \$2,000.00 of which will be reimbursed by UPSE Benefit Plan).