

**Chairperson**  
 Glenn L. Damato  
**Trustees**  
 Brian Hamerman  
 J.T. Lydon  
 Juanita M. Jordan  
 Renee Sealey  
 Anthony Distefano  
 Irene Laracuenta  
 Donna Orr  
 John Stubbs

**New York State Court Clerks Association**  
**Security Benefits Fund**

170 Duane Street, New York, NY 10013  
 Office: (212) 941-5700 Fax: (212) 941-5705  
 www.nyscourtclerks.org



**Lasik Eye Surgery Benefit Reimbursement**

Active

Effective 1/1/2021

|                          |                     |                                    |
|--------------------------|---------------------|------------------------------------|
| Member's Last Name       | Member's First Name | Member's Social Security No.       |
| Member's Mailing Address | Apt. No.            | Member's Date of Birth<br>MM/DD/YY |
| City                     | State               | Zip                                |
| E-mail Address           | Telephone Number    | Cell Phone Number                  |

|                     |                             |                                    |
|---------------------|-----------------------------|------------------------------------|
| Patient's Last Name | Patient's First Name        | Left Eye <input type="checkbox"/>  |
| Provider Name       | Date of Service<br>MM/DD/YY | Right Eye <input type="checkbox"/> |
| Provider Address    |                             | Both <input type="checkbox"/>      |

I certify that the information given is correct and authorize release of any information necessary to process this claim.

Benefits are payable to Member only

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TOTAL AMOUNT : \_\_\_\_\_

Lasik Benefit is **ONLY** for Active members. The fund will reimburse a member up to \$500 per eye with a Lifetime maximum reimbursement of \$1,000 for both eyes toward the cost of Lasik and other Corrective eye surgery not covered by Health Insurance.

Any member who requests the reimbursement will not be eligible for the regular optical benefits for 5 consecutive years.

**ALL CLAIMS MUST BE SUBMITTED BY JANUARY 31, 2022**  
**ATTACH COPIES OF ORIGINAL RECEIPTS TO THIS CLAIM FORM**

Attach to this claim form copies of the explanation or denial of benefits showing that you have expenses not reimbursed by any primary or secondary insurance plans.

Mail completed forms to:

**New York State Court Clerks Association**  
 C/O DANIEL H. COOK ASSOCIATES, INC.  
 253 WEST 35<sup>TH</sup> STREET, 12<sup>TH</sup> FLOOR  
 NEW YORK, NY 10001  
 (212) 505-5050

**The State of New York requires this statement to appear on all claims forms:**

"Any person who knowingly and with the intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation." Fraudulent insurance acts are a crime in all states, and additionally a felony in several states.