

**Chairperson**  
 Imogene Jones  
**Trustees**  
 Jennifer L Murphy  
 Anthony Distefano  
 Brian Hamerman  
 Irene Laracuenta  
 J.T. Lydon  
 Elizabeth Murray  
 Donna Orr  
 Renee Sealey

**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.nyscourtcclerks.org



**Hearing Aid Benefit Reimbursement**  
**Retired**  
 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 MM/DD/YY	
City		State	Zip	Active <input type="checkbox"/>	Retired <input type="checkbox"/>
E-mail Address			Telephone Number		Cell Phone Number

Patient's Last Name		Patient's First Name		Left Hearing Aid <input type="checkbox"/>	
Provider's Name			Date of Service MM/DD/YY		Right Hearing Aid <input type="checkbox"/>
Provider's 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 : \_\_\_\_\_

The fund will reimburse a member up to \$400 per Hearing Aid every 48 months.  
**ALL CLAIMS MUST BE SUBMITTED BY JANUARY 31, 2022**

**Attach Copies of Original Receipts to This Claim Form**

Please attach itemized receipt that contains: Patient's Name, Date of Service, the prescription and proof of payment.

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.