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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



Hospitalization Reimbursement Claim Form

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 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		Total Number of Days in the Hospital, NOT including discharge date <input type="text"/>		
Hospital Name			Date of Admission MM/DD/YY			
Physicians Name			Date of Discharge MM/DD/YY			

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: _____

*Active \$100 per day up to 15 days per calendar year only the member and spouse are covered

ALL CLAIMS MUST BE SUBMITTED BY JANUARY 31, 2022

ATTACH ALL APPLICABLE HOSPITAL RECEIPT AND /OR SUPPORTING DOCUMENTATION

Your Receipts MUST HAVE Admission Date and Discharge Date

Mail completed forms to:

New York State Court Clerks Association
 C/O DANIEL H. COOK ASSOCIATES, INC.
 253 WEST 35TH STREET, 12TH 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.