Committee of Interns and Residents SEIUHealthcare

HOUSE STAFF BENEFITS PLAN

520 EIGHTH AVENUE, SUITE 1200 NEW YORK, NY 10018-4181

Phone: (212)-356-8180 **Fax: (212)-356 – 8181** benefits@cirseiu.org www.cirseiu.org

DISABILITY HEALTH PREMIUM REIMBURSEMENT

Eligibility**:** HSBP employees only.

Benefit Guidelines: If you go off payroll because of disability, you continue to be eligible for all HSBP benefits for up to twelve (12) months if you are collecting disability benefits from the Plan. In addition, the Plan will reimburse you up to a maximum of **$1500** toward the cost of continuing your **basic health coverage** for up to twelve (12) months on a direct payment basis. Paid receipts are required.

Claim Submission Rules:

- Entire claim form must be completed in full by participant.
- You must attach paid receipts illustrating payment for health benefits**.**
- All claims must be submitted to our office within one year from the date of service. Claims submitted after one year will be denied.

Please complete the following:

Participant's Name: _____ _____
(Last Name) (First Name)

Social Security No.: _____ Hospital where employed: _____

Home Address: _____

_____ _____ _____
(City) (State) (Zip code)

Contact phone number: _____ Type (home, mobile, etc.) _____

E-mail address: _____

Disability Start Date:_____ Disability End Date: _____

Paid receipts from:_____ to _____

Insurance Carrier: _____

Total Amount of Receipts: $_____

Participant's Signature:_____ Date: _____

(05/13)