



# HOUSE STAFF BENEFITS PLAN

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## PRESCRIPTION DRUG CLAIM FORM for WMC, COBRA and STAFF ONLY

**Eligibility:** Westchester, COBRA and CIR/HSBP Staff Only employees including eligible dependents. Residents of HHC hospitals should fill out the Express Scripts (ESI) claim form.

**Maximum reimbursement allowed:** The Plan provides up to a maximum of \$500 in reimbursements per benefit year for every individual in the family. The benefit year is from July 1<sup>st</sup> through June 30<sup>th</sup>.

**Claim Submission Rules:**

- Entire claim form must be completed in full by participant, patient or parent, if minor.
- Prescription drug expenses eligible for reimbursement are prescriptions which are:
  - Obtainable only by a physician’s written prescription;
  - Dispensed by a licensed pharmacist; and
  - Approved by the United States Food and Drug Administration.
- Paid prescription receipts must accompany this form, cash register receipts are not sufficient. The pharmacist’s receipt must include the name, address and telephone of pharmacy, the name and quantity of the prescription drug, date prescription was filled, name of the patient and the name of the prescribing physician.
- All claims must be submitted to our office at the above-mentioned address via fax or mail within one year of the date of service. *Do not email claims.* Claims submitted after one year will be denied.

**SECTION A: Please complete the following:**

Participant’s Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(Last Name) (First Name)

Hospital where employed: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(City) (State) (Zip code)

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

**SECTION B: Please complete the following:**

Date Purchased	Patient’s Name	Drug Name	Cost
Total Amount Due			\$

Patient’s Signature or parent, if minor: \_\_\_\_\_ Date: \_\_\_\_\_

**Excluded Purchases – Not Covered Under This Plan:**

- No coverage is provided for over-the-counter drugs.
- No coverage is provided for diet supplements without a prescription.
- Coverage does not include drugs administered to inpatients in any hospital.
- Coverage does not include drugs prescribed in connection with a Workers’ Compensation Claim.