



1199SEIU Benefit Funds

Member Claims, PO Box 1007, New York, NY 10108-1007 • www.1199SEIUBenefits.org • Tel: (646) 473-9200 • Outside NYC Area Codes: (800) 575-7771

Statement of Claim for Hospital* Indemnity Benefit

Please complete all sections of this form and return it along with a copy of the hospital bill showing the number of days you were hospitalized. A separate claim form is required for each hospitalization. Failure to complete this form in its entirety may result in a delay in processing this claim. Please print clearly in blue or black ink.

Member's Information

Member's full name: _____ Member ID #: _____

Date of birth: ____/____/____ Telephone: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip code: _____

Hospital Information (Where You Were Admitted)

Name of hospital: _____

Address: _____

City: _____ State: _____ Zip code: _____

Date admitted: ____/____/____ Date discharged: ____/____/____

Physician or Surgeon Information (Doctor Who Ordered Hospitalization)

Name of physician or surgeon: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip code: _____

I certify that the information furnished by me in support of this hospital indemnity benefit claim is accurate and complete. I authorize the release of any medical information to or by the Fund necessary to process this claim.

Member's signature **X**: _____ Date signed: ____/____/____

Any person who knowingly and with intent to defraud files a statement of claim containing materially false information commits a fraudulent insurance act, which is a crime, and may be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

*"Hospital" means a licensed institution that is accredited by the Joint Commission on Accreditation of Hospitals, which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic, therapeutic or psychiatric services for diagnosis, treatment and care of injured, disabled, sick persons or mentally ill persons; or rehabilitative services for the rehabilitation of injured, disabled or sick persons; and, provides 24-hour nursing service rendered or supervised by a registered professional nurse and has a licensed practical nurse or registered professional nurse on duty at all times. The term "hospital" does not include an institution or part of an institution that is used mainly as: a rest or nursing facility; a facility for the aged, chronically ill or convalescents; or a facility providing custodial care.