



# 1199SEIU Greater New York Benefit Fund

330 West 42nd Street, New York, NY 10036-6977 • www.1199SEIUBenefits.org

Tel (646) 473-8666 • Outside NYC Area Codes: (800) 575-7771

## Statement of Claim for Medicare Part D Reimbursement

Filing Claims for Medicare Part D Premium Reimbursement

1. Claims can be filed as needed on a Monthly, Quarterly, Semi-Annual or Yearly basis
2. Please include Proof of Payment, such as a copy of your payment voucher, cancelled check or Social Security Statement
3. This benefit is limited to Greater New York eligible retirees only
4. This is a member-only benefit

**Please Print Clearly in Black or Blue Ink**

Member's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Month Date Year

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Is this a new address?  Yes  No

Your Member ID: \_\_\_\_\_

Check Box for  
Months Paid

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
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Year 20\_\_\_\_

Total Reimbursement of Premium Claimed: \$ \_\_\_\_\_

Member's Signature **X** \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and return to:  
1199SEIU Greater New York Benefit Fund  
PO Box 2661  
New York, NY 10108-2661