

NPUT

NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND

Jon Stern, Administrator

SPECIAL RESERVE FLEX FUND 2023-24
NOTICE & CLAIM FORM

TO: Active and Retired NPUT Benefit Trust Fund Members

RE: NPUT Benefit Trust SPECIAL Reserve Flexible Fund

September 1, 2023

The Trustees approved a Reserve Flexible Benefit Fund for 2023-24 for expenses incurred during the period from July 1, 2023 through June 30, 2024.

The Trust SPECIAL Reserve Flexible Benefit Fund is designed to assist in the payment of incurred health related bills that have not been fully covered by existing insurance programs or denied completely. Examples of covered medical expenses are copays and balance billing.

The Trust SPECIAL Reserve Flexible Benefit Fund will reimburse to all Active and Retired members dollar for dollar up to \$ 200 for unreimbursed health claims and dental and vision claims not already reimbursed under the Annual Flex Fund.

You may make a claim against this Reserve Fund by completing and submitting this Trust Special Reserve Flexible Fund Claim Form to the Benefit Trust by July 1, 2024. You may submit your claim as early as September 1, 2023. Your submission must include expenses incurred by you, your spouse, and/or eligible dependent children. You **MUST ATTACH the original or copies of bills or Explanation of Benefit statements for unreimbursed health related expenses and dental and vision claims not already reimbursed under the Annual Flex Fund.**

If you have questions about a claim please contact Jon Stern at 845-750-8841 or Ron Simon at 845-649-6761.

RESERVE FLEXIBLE FUND CLAIM FORM

RETURN THIS CLAIM FORM AND SUBMISSIONS TO:

NPUT Benefit Trust, PO Box 848 New Paltz, NY 12561

TOTAL NUMBER OF ITEMS (EOBs, receipts, paid statements, etc) BEING SUBMITTED _____

TOTAL DOLLAR AMOUNT BEING SUBMITTED \$ _____

I affirm that the above listed claims HAVE NOT BEEN AND WILL NOT BE reimbursed by any insurance or any other Section 125 Flexible Spending plan. Please sign the following:

SIGNED: _____

DATE: _____

UNIT: _____

BUILDING: _____

ADDRESS: _____

TELEPHONE: _____

TOWN: _____

STATE: _____ ZIP: _____