

# **NPUT**

## **NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND**

*Jon Stern, Administrator*

SPECIAL RESERVE FLEX FUND 2021-22  
NOTICE & CLAIM FORM

**TO: Active and Retired NPUT Benefit Trust Fund Members**

**RE: NPUT Benefit Trust SPECIAL Reserve Flexible Fund**

**April 1, 2022**

**The Trustees approved a Reserve Flexible Benefit Fund for 2021-22 for expenses incurred during the period from June 1, 2021 through May 31, 2022.**

**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 and one dollar (\$ 1) per claim service date beyond that.**

**You may make a claim against this Reserve Fund by completing and submitting this Trust Special Reserve Flexible Fund Claim Form to Preferred Group Plans by June 1, 2022. 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**

**PLEASE ATTACH A LIST OF THE UNREIMBURSED EXPENSES THAT YOU ARE SUBMITTING AND RETURN THIS CLAIM FORM AND SUBMISSIONS TO:**

**PREFERRED GROUP PLANS, PO BOX 15136 ALBANY, NY 12212**

**TOTAL NUMBER OF CLAIMS 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: \_\_\_\_\_**