



HEARING AID BENEFIT
 - Voucher for Reimbursement -
 Faculty Association Suffolk Community College Benefit Fund
 c/o Daniel H. Cook Associates
 253 West 35th Street – 12th Floor
 New York, New York 10001-1907

Active
 Enhanced Retiree
 Basic Retiree

 NAME OF PATIENT

 Name of Member (please print)

 Patient's Social Security Number

 Member's Social Security Number

 Relationship to Member Date of Birth

 Address

 Date of Service

 City State Zip Code

 Fee Charged

 Signature of Member

PLEASE ATTACH COPY OF EOB (EXPLANATION OF BENEFITS) FROM EMPIRE BLUE CROSS BLUE SHILD. SUBMIT COMPLETED VOUCHER TO ABOVE ADDRESS.