TCU MEDICAL & PRESCRIPTION CO-PAY REIMBURSEMENT
(LIRR EMPLOYEES ONLY)

Please provide the **Claim Detail** section of the **Explanation of Benefits (EOB)** that is sent to you by the insurance provider. This is the **only** paperwork approved to submit for reimbursement of office visit co-payments. The Claim Summary of the EOB is **not** sufficient for reimbursement. For prescription reimbursements please provide either the prescription receipt with the co-pay amount (no cash register receipts), or a pharmacy computer report that lists the dates and co-pay amounts. Please note that co-payments are now reimbursed at 100% of the total amount up to $75 per visit and/or prescription up to the annual maximum amount per family.

Medical reimbursements will only be paid for the following types of services listed below:

DOCTOR OFFICE VISITS	DIAGNOSTIC SERVICES	MEDICAL SERVICES
CONSULTATIONS	LABORATORY SERVICES	RADIOLOGY

VISION AND DENTAL ARE NOT REIMBURSABLE

Complete this form with all of the pertinent information including the member signature and date, and please mail, fax or email this form along with the required documents to the following address:

SBA BENEFIT TRUST
260 West 35th St., 10th Floor
New York, NY 10001

TEL: 646-858-0294
FAX: 646-858-0295
EMAIL: tcucopayreimbursements@tcunion.org

Name (Last, First, M.I)	**Hired on:**	**Joined TCU on:**
Current Position/Title	**Employee #**	**BSC #**
Address (Number/Street/Apt)	**Town or City & State**	**Zip Code**

Please complete the section below **only** if you are submitting reimbursement of services for a spouse and/or dependent.

Patient Name (Last, First)	**Relationship to TCU Member**

Member Signature _____ Date _____

Email Address (optional) _____ Daytime Contact # _____

**Note: Reimbursements are only available to active TCU members after they reach 1 year of membership and do not occupy a management position. Retirees will be reimbursed for claims incurred up to retirement date.*

****Deadline for filing co-pays for the previous year is March 31 of the current year.***

Form Revised 8/6/21