



ANNUAL PHYSICAL VOUCHER
CSEA EMPLOYEE BENEFIT FUND
PACKAGE 7 PLAN

MAJOR PLAN FEATURES

- Covers eligible employees and their spouses once every calendar year.
 - The Fund will cover only that portion of physical examination costs, up to \$95, not reimbursable through other insurance or health plans. **An Explanation of Benefits Statement from your primary plan must be attached when submitting this voucher for payment.**
 - The doctor's bill must be attached when submitting this voucher for payment.
 - Examinations for second opinion, Workers' Compensation, Medicaid or any other federal government plan are not covered.
 - Reimbursement is made directly to the member.
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TO BE COMPLETED BY MEMBER – Please Print

Member's Name _____

Member's Address _____

Member's Social Security No. _____

Patient's Name _____

Name and Address of _____

Physician/Medical Facility _____

Member's Signature _____

**RETURN COMPLETED FORM
AND ATTACHMENTS TO:**

CSEA Employee Benefit Fund
One Lear Jet Lane, Suite One
Latham, New York 12110

FOR OFFICE USE ONLY

Date _____

Amount _____

Ck. # _____

By _____