COURT OFFICERS BENEVOLENT ASSOCIATION OF NASSAU COUNTY HEALTH AND WELFARE FUND

MATERNITY/ADOPTION BENEFIT CLAIM FORM

healthplex

To receive your MATERNITY/ADOPTION Benefit you must:

1. Complete this form.
2. Attach a copy of the new child's birth certificate(s) or adoption documentation.
3. Attach a new fully completed Health and Welfare Enrollment/Information form.
4. Mail completed form and attachment to:

COBANC Health & Welfare Fund
1 Old Country Rd
Suite 282
Carle Place NY 11514-1845

After your documentation has been approved and your dependent enrolled, your claim will be forwarded to Healthplex for processing.

MEMBER INFORMATION – PLEASE PRINT

Member's identification #_____

Member Name_____ Member Date of Birth_____

Member's Address_____
Street

_____
City State Zip Code

1st Child's Name_____ Date of Birth_____

2st Child's Name_____ Date of Birth_____

3rd Child's Name_____ Date of Birth_____

I hereby request payment for the above claimed expenses. I certify that either my eligible dependent(s) or I have incurred these expenses and have not been previously reimbursed.

Member's Signature_____ Date_____

ACTIVE MEMBER AND SPOUSE ONLY

The maternity allowance is a benefit payable in all cases where a child is delivered. The Fund will allow $500 for a child born to you or your spouse. In cases of multiple births, the Fund will allow $300 each for the second and third child. In order to receive this a member must complete a claim form which can be obtained from the Fund Office and submit a photocopy of the child's birth certificate when submitting this claim to the Fund Office. The Fund Office will process the claim and forward a check to the member shortly thereafter. This benefit is not assignable to any third party, including the hospital. Adoptions will be considered as an eligible claim provided that the adopted child is less than one (1) year of age.

Maternity Benefits
One Child **$500.00**
Each Additional Child **$300.00**
Maximum (Per Delivery) **$1,100.00**
***Members employed part-time will receive 50% of stated benefits.*

EXCLUSIONS

This benefit is not assignable to any third party.

Hospital income benefit will NOT be payable with any Maternity/Adoption Benefit including C section. Hospital benefits will only be paid if because of the pregnancy/delivery a medical condition developed.