## Arlington Teachers' Association Welfare Trust Benefit Fund →Vision Care Claim Form←



ARLINGTON TEACHERS' ASSOCIATION C/O PREFERRED GROUP PLANS, INC. PO BOX 15136 ALBANY, NY 12212-5136 (800) 573 - 7474 (518) 641 – 0321 RON HIGGINS, CHAIRPERSON STEVE HERTZOG., MEMBERSHIP KRISTEN OUIMET, TRUSTEE SIOUXZANNE HARRIS, TRUSTEE ED HOTALING, TRUSTEE BOB MAIER, TRUSTEE

## ATA WELFARE TRUST BENEFIT FUND →VISION CARE CLAIM FORM←

MEMBER'S NAME		
LAST	FIRST	MIDDLE
MEMBER'S HOME ADDRESS		
	20	
19	-	
MEMBER'S PHONE NUMBER		
MEMBER'S SOCIAL SECURITY N	NUMBER (OPTIONAL)	
AMOUNT OF CLAIM SUBMITTE	D (\$325.00 MAXIMUM) \$	
EMPLOYEE SIGNATURE		
PLEASE MAKE CERTAIN YOU ATTACH A C RELATED EXPENSES. THE MAXIMUM BE OCTOBER 1 <sup>ST</sup> AND ENDING SEPTEMBER 3 THREE MONTHS FOLLOWING THE END OF	NEFIT FOR VISION CARE IS \$325. FOR 0 <sup>th</sup> OF ANY GIVEN YEAR. CLAIMS M	THE FISCAL YEAR BEGINNING
PLEASE RETURN THIS COMPLETED FORM ASSOCIATION, C/O PREFERRED GROUP PLA	(ALONG WITH ATTACHED RECEIPTS) ANS, INC., PO BOX 15136, ALBANY, NY	TO: ARLINGTON TEACHERS' (2212-5136.
	**	(Office Use Only)