

Transport Workers Union Local 100 Retirees Association
195 Montague St, 3rd Fl., Brooklyn, NY 11201
Ph-212-873-6000 Ext 2161, 2077



Dear Member:

Attached you will find the Statement of Claim form requested. Please read and follow the instructions below.

1. Member or Spouse to complete and sign (Part 1).
2. If you are the beneficiary, please include a copy of death certificate & a statement indicating that you are the beneficiary (will or power of attorney).
3. Attending Physician's Statement **must** be **completed and signed** by a doctor for all hospital admissions.
4. If you are filing for In-hospital benefits, the coverage begins on the 3rd day of your hospital stay. Please be sure to attach **one** of the following as proof of hospitalization:
 - ❖ **A copy of your Medicare Summary Notice**
 - ❖ **Copy of the summary page of hospital bill**
 - ❖ **Letter on hospital stationery that shows the name of patient, date of admission and date of discharge.**
5. If the claim is for a wheelchair, hospital bed, ambulance or oxygen tank, please be sure to attach a copy of the bill.
6. Please note that we **DO NOT** pay anything toward doctor bills, anesthesia or x-rays so *do not include those bills with your claim.*
7. **You must file your claim within SIX (6) MONTHS OF DISCHARGE FROM THE HOSPITAL or incurring a covered expense.**

Please be sure you have completed the claim form as directed above or your claim will be DELAYED OR RETURNED.

Sincerely yours,

TWU Local 100 Retirees Association