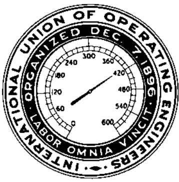

International Union of Operating Engineers Local 891
Welfare Fund
Variable Benefit Claim Form

❑ **Active**
❑ **Retired**

RETURN THIS FORM TO
IUOE Local 891 Welfare Fund
253 West 35th St, 12th Floor
New York, NY 10001
(212) 505-5050

PATIENT NAME: (print last name first)	SEX ☐ M ☐ F	RELATIONSHIP TO MEMBER ☐Self ☐Child ☐ Spouse ☐Other ______	PATIENT DATE OF BIRTH
MEMBER NAME: (print last name first)	SEX ☐ M ☐ F	MEMBER'S SOCIAL SECURITY NUMBER | |	MEMBER DATE OF BIRTH
HOME ADDRESS: Number and Street	APT.		HOME PHONE (include area code)
CITY STATE ZIP	PAYROLL TITLE		EMPLOYER PHONE (include area code)
IS YOUR SPOUSE EMPLOYED?	IF "YES", GIVE NAME AND ADDRESS OF YOUR SPOUSE"S EMPLOYER AND SPOUSE"S SOCIAL SECURITY NUMBER		
I certify that the information given is correct and authorize release of any information Necessary to process this claim.	MEMBER SIGN HERE ______		DATE______

Benefits are payable to members only

The Variable Benefit provides you with a supplemental payment of up to $100 per family to assist in certain out-of –pocket expenses.

This benefit can only be used to supplement those benefits listed below. You cannot mix and match the options. If you choose out-of-pocket dental costs, then the Variable Benefit must be used for those dental costs only.

Submission of this benefit is allowed only once per calendar year. You must submit claims no later than the end of the calendar year following the year in which the charges were incurred.

This is a supplemental benefit and therefore items or procedures not covered under the primary plans are not covered by this benefit.

Please check the benefit below and include all bills and/or explanation of benefits denoting your out-of-pocket expense.

Dental

- ❑ Charges in excess of the dental plan maximums ($3,000 annual dental maximum; $3,000 lifetime orthodontics maximum $2,000 lifetime dental implants maximum)
- ❑ Charges in excess of dental plan fee schedule for covered expenses (non-PPO dentists only)

Optical

- ❑ Vision Care expenses and services in excess of the $200 maximum under the Fund's Vision Care Plan's indemnity option (Plan A)