UNITED PROBATION OFFICERS ASSOCIATION WELFARE FUND
AND RETIREMENT WELFARE FUND
375 West Broadway, 4th Floor New York, NY 10012
Tel: (212) 226-1069 Fax: (212) 226-6181

PRESCRIPTION DRUG BENEFIT

FOR EMPLOYEES, RETIREES and FAMILY MEMBERS

PRESCRIPTION DRUG BENEFIT- The Welfare Fund will reimburse employees and retirees to the benefit maximum shown in the benefit booklet for the prescription drug expense incurred annually by you and your family members.

WHAT DRUGS ARE COVERED- This benefit applies to prescription drugs and medications purchased from a licensed pharmacist. It does not cover drugs administered during hospitalization nor does it cover such "over the counter" type drugs as aspirin, cold tablets, cough syrup, etc. which may be bought without a doctor's prescription. Please note that most prescription drugs can be purchased tinder a generic brand name which has been proven to be effective and lower in cost, you should ask your doctor about substituting generic brands whenever possible.

HOW TO OBTAIN BENEFITS-

1. Complete the United Probation Officers Association Welfare Fund PRESCRIPTION DRUG BENEFIT CLAIM FORM.
2. Attach to the claim form an original bill (**we cannot accept fax copies**) for each purchase from the pharmacist, stating:

   a. Date of purchase
   b. Name of patient
   c. Rx number, dosage and name of drug
   d. name of prescribing doctor
   e. cost
   f. name and address of pharmacy

GENERAL INFORMATION

EMPLOYEES NAME _____ HOME TELEPHONE _____
LAST FIRST
WORK TELEPHONE _____

ADDRESS _____
Street City State Zip Code

STATUS: ☐ Employee ☐ Retiree SOCIAL SECURITY # _____

YOUR SIGNATURE _____ DATE _____

****** THE FUND OFFICE WILL NOT RETURN YOUR DRUG BILLS ******

COMPLETE CLAIM FORM AND ATTACH CORRESPONDING BILLS.

MAIL TO THE FUND OFFICE.

CASH REGISTER RECEIPTS WILL NOT BE HONORED.

Date of Purchase	Rx. No.	Name of Drug	Name of Doctor	Cost
			TOTAL	

-YOU MAY SUBMIT DRUG BILLS AT ANY TIME-