

**Boston Teachers Union
Paraprofessional Health and Welfare Fund
180 Mt. Vernon Street
Boston, MA 02125
(617) 288 -5883
HEARING AID BENEFIT CLAIM FORM**

Note: This benefit does not include payment for any portion of the charge made by the hospital for the required Audiology Test. Terms of the benefit are attached.

TO BE COMPLETED BY COVERED PARAPROFESSIONAL

Covered Paraprofessional's Name: _____ City ID # _____
Covered Paraprofessional's Address: _____
Patient's Name: _____
Relationship to Member: _____ DOB _____
Signature of Covered Paraprofessional: _____

I am covered by health benefits through **(circle one)**:

- | | |
|--------------------------------|---------------------------------|
| 1. Blue Cross Blue Shield | 4. Tufts Affiliated Health Plan |
| 2. HMO Blue /Blue Choice | 5. Neighborhood Health Plan |
| 3. Harvard Pilgrim Health Care | 6. Other (list) |

Signature of Covered Paraprofessional: _____

**TO BE COMPLETED BY APPROVED HOSPITAL FACILITY
(See instruction sheet for definition)**

Patient's Name: _____ Date of Audiology Test: _____
Name of physician recommending Audiology Test: _____
Is a hearing aid recommended for **(circle)** Right Ear_ Left Ear__ Both Ears____
If so, list name and address of supplier recommended by you.

Name of Hospital: _____
Authorized Signature _____

TO BE COMPLETED BY RECOMMENDED SUPPLIER

INSTRUCTIONS: THE FUND MAKES PAYMENT DIRECTLY TO THE SUPPLIER.

Complete this portion of the form and return with bill for hearing aid to the Boston Teachers Union Paraprofessional Health and Welfare Fund at the address shown above.

Call (617) 288-5883 to confirm that the Paraprofessional is still eligible for this coverage, and the amount of the purchase price up to \$5,000 (\$2,500 per ear) will be covered.

Name and address of supplier: _____
Cost of hearing aid: _____ **(Attach bill)** Date of Purchase: _____

Paraprofessional Fund Office Use Only:

Check # _____ Date Issued: _____ Amount Paid by Fund: _____ Approved By _____

This benefit does not pay for repairs nor does it pay for replacement of a lost or damaged hearing aid, so recipients may want to insure their hearing aid against loss or damage.