

RETURN TO:  
SCCEA, Inc.  
1300 Veterans Memorial Highway  
Suite 130  
Hauppauge, NY 11788  
(631) 231-3983

# SUFFOLK COUNTY COURT EMPLOYEES ASSOCIATION WELFARE FUND

## MATERNITY BENEFIT CLAIM FORM

### MEMBER/EMPLOYEE INFORMATION

Member Name	D.O.B.	Social Security Number		
Street Address	City	State	Zip	Telephone# (     )

Member's Work Location	Work Telephone#
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### PROVIDER INFORMATION

Provider's Name (Print)	License#	Telephone#	Taxpayer ID#	
Street Address	City	State	Zip Code	

### Maternity Benefit

Each eligible employee and/or retiree is entitled to a benefit when a child is born **or** if a child under the age of four is adopted through a licensed adoption agency. This **\$500** benefit is to assist in the cost of a live birth or adoption. If there are multiple births resulting from one pregnancy, the member is entitled to multiple benefits.

To receive this benefit you must file this form along with a copy of the child's birth certificate or adoption documents within 12 months of the date of birth or adoption.

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR FUND, FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

### AUTHORIZATION TO RELEASE INFORMATION

*I hereby authorize any insurance company, prepayment organization, hospital, physician, or The Board of Trustees of the SUFFOLK COUNTY COURT EMPLOYEES ASSOCIATION WELFARE FUND or its designated agent to release all information with respect to myself or any of my dependents which may have a bearing on the benefits payable under this or any other plan providing benefits or services. A photocopy of this authorization, when duly executed, shall serve in the same capacity as the original. I certify that the information submitted by me in support of this claim is true and correct. Authorization must be signed or payment will not be made.*

Signed (Member) \_\_\_\_\_ DATE \_\_\_\_\_