Benefit Trust Fund
Newburgh Teachers' Association Benefit Trust Fund
52 Pierces Road Newburgh, New York 12550
Dental
Vision
Prescriptions
845.562.7988

Vision Claim Form

Date: _____

_____ _____

Name (please print) **Relationship to Member**

_____

Date of Birth

Please attach an Explanation of Benefits (itemized bill) for vision care along with this form and send it to the Fund Office for reimbursement.

I understand that this program is only for vision services (eye exam, lenses or frames) by an optometrist.

_____ _____

Member Name (please print) **Date**

_____ _____

Member Signature **School**

For office use only
Date Received: