Phor

PSC CUNY Welfare Fund

61 Broadway, 15th Floor New York, NY 10006 Phone: 212-354-5230 Fax: 212-354-5363

Prescription Reimbursement Form

File within 90 Days of Services

Member	
Last Name	First Name
Street Address	
City	State Zip Code
Social Security Number Retiree of (College)	•
Claim Filed for :	Self Spouse Joint Submission [Both]
Please Check One:	Application to Reimburse for Rx Rider Attach Proof e.g., Pension Pay Stub Application to Reimburse for Rx Expenses
	<u>Attach Proof</u> e.g. Receipts or Pharmacy Print-out
Amount Claimed:	\$ An amount must be entered.
Please Note	Reimbursement is limited to \$400 per family per year. Receipts or other attachments cannot be returned. Copy before sending if necessary.
Member Signature	Date
For Office Use Only	
Approved	Date