



United Federation of Teachers
A Union of Professionals

HEARING OFFICERS PER SESSION HEALTHCARE REBATE APPLICATION

CALENDAR YEAR 2018 REBATE

Eligibility:

- This benefit is for UFT members only. You must be a member in good standing of the UFT both on the date you submit the application and on the date the payment is made. "Good standing" means that you have authorized the deduction of dues from salary or wages in each regular payroll in the amount certified by the UFT.
- Member must have worked a minimum of 400 hours at OATH during the calendar year (January 1, 2018 – December 31, 2018) in order to qualify.

Instructions for Filing:

1. Member must complete Box A below with all necessary information and the accompanying expense form.
2. Both forms, along with documentation of healthcare expenses totaling up to \$2,000 in calendar year 2018, must be submitted to Mr. Michael Etzin, Accounting Department, United Federation of Teachers, 52 Broadway, New York, NY 10004 no later than December 1, 2019.
3. To expedite your payment, please provide all forms/documentation together in one submission.

BOX A (must be completed, signed and dated at the bottom)

Member's Name _____ City, State, Zip _____
 Home Address _____ Personal email _____
 UFT ID # or Last 4 digits of Social Security Number _____

You must attach documentation of healthcare expenses for yourself and/or immediate family members (i.e. spouse, dependent children) totaling up to \$2,000 during the calendar year January 1, 2018 – December 31, 2018. Examples of acceptable documentation include but are not limited to the following:

- Copies of receipts for payment of health insurance premiums (including Medicare) or co-pays for doctor visits
- Copies of receipts or Explanation of Benefits showing out of pocket expenses for medical, vision or dental care, or prescriptions
- Copies of receipts or Explanation of Benefits showing out of pocket expenses for eyeglasses or other prescribed medical equipment

Total amount of submitted expenses _____ Total number of hours worked at OATH in 2018 _____

DECLARATION: To the best of my knowledge, the above information is true and correct, and I or my family members who reside with me have incurred the documented expenses. In the event I receive a benefit to which I am not entitled, I am obligated to refund said benefit to the United Federation of Teachers immediately. To be eligible for this benefit you must have authorized the deduction of dues from salary or wages in each regular payroll in an amount certified by the United Federation of Teachers and such authorization must be irrevocable until the following June 30.

Signature of Member _____ Date _____