

# SOMERS FACULTY ASSOCIATION BENEFIT TRUST FUND

## SECONDARY DENTAL & VISION BENEFIT PROGRAM CLAIM FORM

MEMBER'S NAME: \_\_\_\_\_

Members Address: \_\_\_\_\_

Number on Member ID Card (ID# or SSN): \_\_\_\_\_ Group #: 3000

### Maximum Benefit: \$600 Family

- Services must be incurred between July 1, 2024 and June 30, 2025
- All claims for the fiscal year ending on June 30, 2025 must be received by The Preferred Group by September 30, 2025

| Name of Member or Dependent | Service Category (Dental or Vision) | Date of Service | Amount not covered by any other plan |
|-----------------------------|-------------------------------------|-----------------|--------------------------------------|
|                             |                                     |                 |                                      |
|                             |                                     |                 |                                      |
|                             |                                     |                 |                                      |
|                             |                                     |                 |                                      |

- Dental & Vision expenses must be incurred by you, your spouse, and/or eligible dependent children and not reimbursed by any other dental or vision plan.
- Claims will be processed and mailed in 2-3 weeks from receipt of submission. In the event you do not receive a check for a claim within this time frame please call (518-) 641-0321.

Please complete all sections of this form, attach the copies of the bills, explanation of benefits and circle the amount not covered by any other dental or vision plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Claims can be submitted one of two ways:**

|   |  |
|---|--|
| <p><b>Claim forms can be mailed to this address:</b></p> <p>SOMERS FACULTY ASSOC. TRUST FUND<br/>C/O The Preferred Group<br/>PO Box 15136<br/>Albany, NY 12212<br/>(518) 641-0321</p> | <p><b>Claim forms can be scanned and emailed to:</b></p> <p><a href="mailto:Claims@tpgplans.com">Claims@tpgplans.com</a></p> <p><b>When emailing "Somers Claims" must be included in the subject line.</b></p> |
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