

EMPLOYEES SECURITY FUND OF THE ELECTRICAL PRODUCT INDUSTRIES

HEALTH BENEFITS REQUEST FORM

INSTRUCTIONS

1. ALL CLAIMS MUST BE SUBMITTED DIRECTLY TO : MAGNACARE

P O Box 1001

Garden City, NY 11530

TELEPHONE: 1-800-548-0138

2. We will be unable to process your claim until all information and papers have been received.

Submit **original itemized bills** only from each medical provider and facility. Copies are not Acceptable. (**An itemized bill is one that shows the patient's name, relationship, date of Service, the type of service rendered and the nature of the condition being treated, and The physician's or supplier's tax identifying number**).

IMPORTANT

All Health Benefit claims must be filed no later than (12) months after the date of discharge From hospital or Alcohol/Drug Rehabilitation facility or date of service, as applicable.

The recipient of benefits under this Fund, by applying for, and in fact accepting such benefits, Agrees to reimburse the fund for all such benefits received, from the proceeds of any claim, settlement, judgement or other recovery from a third party, or his insurer, whose conduct caused The injuries which were the basis for the claim for benefits under this Fund.