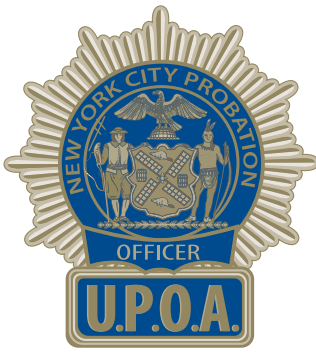




UNITED PROBATION OFFICERS ASSOCIATION WELFARE FUND & RETIREMENT WELFARE FUND

2510 Westchester Ave., Suite 207 • Bronx, NY 10461 • P: 212.226.1069 • F: 917.398.1640

Please return completed, signed, and dated form, and supporting documentation, via mail to the above address or upload to www.asonet.com. All questions should be directed to the Fund at the above number. Save a copy of form and documentation for your records.

REHABILITATION BENEFIT (Member, Retiree, Spouse, & Eligible Dependents)

For complete details of the benefit, please refer to the Summary Plan Description that can be found on our website.

Patient's Full Name _____		Relationship to Member Self Spouse Child Other _____		Gender M F Other	Patient's Birthday ____/____/____
Participant's (Member) Name First _____ Middle _____ Last _____				Participant's Social Security Number _____	
Participant's Full Mailing Address _____ Number Street Name, Apt. No City/Town _____ State Zip Home phone with area code Active Retiree					
Job Title _____	Work phone with area code _____		Member's Birthday ____/____/____		
Is your spouse employed If "YES", give name and address of spouse's employer Yes No _____					
Are benefits available from any other group insurance carrier for this patient? No Yes If YES, give name of carrier, plus subscribers' name and I.D. number _____					
I certify that the information given is correct and authorize release of any information necessary to process this claim. Benefits are not available under any other Group Plan except as indicated above.			Benefits are payable to member only. _____ Member Signature Date		

NOTE: Please refer to the Summary Plan Description booklet for complete rules, regulations, benefits, and your obligations in applying for benefits. Attach copies of the **original receipts** to this claim. Any claim for benefit payment must be submitted to the Fund Office or uploaded to www.asonet.com no later than **one year** from date service is rendered.

OFFICE USE ONLY

Claim # _____ Date _____

Denied Approved Amount paid _____

NOTES