

**CSA RETIREE WELFARE FUND
HEALTH AIDE CARE CLAIM FORM**

BENEFIT LIMITATIONS

THE PURPOSE OF THIS BENEFIT IS TO PROVIDE NECESSARY CARE FOR MEMBERS AND/OR ELIGIBLE DEPENDENTS WHO BECOME INCAPACITATED AS A RESULT OF INJURY OR ILLNESS AND WHO, AS A RESULT OF THAT INJURY OR ILLNESS, CANNOT PERFORM AT LEAST TWO ACTIVITIES OF DAILY LIVING WITHOUT ASSISTANCE AS CERTIFIED BY THE PATIENT'S PRIMARY CARE PHYSICIAN. SUCH SERVICES MUST BE PROVIDED BY A CERTIFIED HEALTH AIDE OR A LICENSED HOME CARE AGENCY.

ELIGIBILITY FOR THIS BENEFIT REQUIRES THAT THE PATIENT BE HOSPITALIZED FOR AT LEAST THREE DAYS AND HOME CARE SERVICES COMMENCE WITHIN 30 DAYS AFTER DISCHARGE.

THE ACTIVITIES OF DAILY LIVING ARE EATING, BATHING, BLADDER CONTROL, TOILETING, DRESSING, AND TRANSFERRING. IN ADDITION, ELIGIBILITY MAY ALSO INCLUDE COGNITIVE IMPAIRMENT DUE TO SUDDEN INJURY OR STROKE.

BENEFITS WILL BE PAID AT 80% OF REASONABLE AND CUSTOMARY CHARGES AFTER MEETING THE ANNUAL \$100 SUPPLEMENTAL MEDICAL DEDUCTIBLE, TO A CALENDAR YEAR MAXIMUM OF \$6,000 AND LIFETIME MAXIMUM OF \$18,000. THE DETERMINATION OF ELIGIBILITY AND REASONABLE & CUSTOMARY CHARGES WILL BE AT THE SOLE DISCRETION OF THE TRUSTEES OF THE CSA RETIREE WELFARE FUND.

HOW TO FILE A CLAIM

1. PLEASE COMPLETE ALL PORTIONS OF THIS FORM. WE CANNOT PROCESS YOUR CLAIM WITHOUT A COMPLETED FORM.
2. ATTACH COPIES OF ITEMIZED BILL, INCLUDING DATES AND TIME OF HOME HEALTH AIDE SERVICE AND COPIES OF CANCELLED CHECKS (FRONT AND BACK) CORRESPONDING TO SERVICES.
3. A COPY OF HOME HEALTH AIDE CERTIFICATION MUST BE ATTACHED FOR EACH HOME HEALTH AIDE PROVIDING CARE OR VERIFICATION OF CERTIFICATION AND TRAINING BY A LICENSED AGENCY.