

ANY QUESTIONS, PLEASE CONTACT CSA WELFARE FUND @ 212 962-6061

CSA RETIREE WELFARE FUND

HOME 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 (2) 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

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 AN ANNUAL \$100 HOME HEALTH AIDE DEDUCTIBLE, TO A CALENDAR YEAR MAXIMUM OF \$10,000 (INCREASED FROM \$8,000-EFFECTIVE 1/1/19) AND LIFETIME MAXIMUM OF \$30,000. THE DETERMINATION OF ELIGIBILITY AND REASONABLE AND CUSTOMARY CHARGES WILL BE AT THE SOLE DISCRETION OF THE TRUSTEES OF THE CSA RETIREE WELFARE FUND.

HOW TO FILE A CLAIM

- 1. PLEASE SIGN AND COMPLETE ALL PORTIONS OF THE ENCLOSED CLAIM FORM.**
- 2. ATTACH COPIES OF ITEMIZED BILL, INCLUDING DATES AND TIME OF HOME HEALTH AIDE'S SERVICE AND COPIES OF CANCELLED CHECKS CORRESPONDING TO SUBMITTED SERVICE DATES. IF AN AGENCY IS BEING USED, THEIR INVOICE SHOULD INCLUDE ALL OF THE ABOVE.**
- 3. A COPY OF THE HOME HEALTH AIDE'S CERTIFICATION MUST BE ATTACHED FOR EACH HOME HEALTH AIDE PROVIDING CARE OR VERIFICATION OF CERTIFICATION AND TRAINING BY A LICENSED AGENCY.**