NEW YORK CITY BOARD OF EDUCATION
DIVISION OF HUMAN RESOURCES
CLAIMS UNIT

2ND FLOOR - ROOM 225
65 COURT STREET, BROOKLYN, NY 11201
TELEPHONE: (718) 935-2742

CLAIMS FOR LOSS OR DAMAGE OF EYEGLASSES FOR STAFF ASSAULT OP505G

INSTRUCTIONS FOR COMPLETION OF FORM BY CLAIMANT (FOR FURTHER INSTRUCTIONS, SEE REVERSE SIDE)

1. COMPLETE SECTION A AND C.
2. BRING FORM TO ORIGINAL PLACE OF PURCHASE AND REQUEST THAT OPTICIAN COMPLETE SECTION B WITH INFORMATION ABOUT THE DAMAGED GLASSES. ATTACH PAID RECEIPTS FOR ORIGINAL PURCHASE AND BENEFIT STATEMENTS FROM ANY OTHER INSURANCE CARRIERS.
3. ATTACH COPY OF INCIDENT REPORT AND/OR POLICE REPORT.
4. SEND COMPLETED FORM TO AND ENCLOSURES TO:

NEW YORK CITY BOARD OF EDUCATION
DIVISION OF PERSONNEL
CLAIMS UNIT
ROOM 10 - 2ND FLOOR, 65 COURT STREET
BROOKLYN, NEW YORK 11201

SECTION A

NAME:_____ SOCIAL SECURITY#:_____ FILE #:_____

ADDRESS:_____ HOME PHONE:_____ JOB TITLE:_____

SCHOOL:_____ SCHOOL ADDRESS:_____ DATE OF INCIDENT:_____

DESCRIPTION OF INCIDENT:_____

SECTION B ***TO BE COMPLETED BY OPHTHALMIC DISPENSER***

Dispenser information:

NAME:_____

ADDRESS:_____

CITY:_____

STATE:_____ ZIP:_____ TEL NO:(_)_____

FRAME: STYLE # AND MAKE

If Lab Costs incurred attach copy of bill.

Patient's Name:_____

	SPH	CYL	AXIS	PRISM	ADD(S)	SP	NV
R	☐	☐	☐	☐	R	☐	☐
L	☐	☐	☐	☐	L	☐	☐

Type of Service Provided:
(Check all that apply)

1. ☐ Single Vision Lens(es) & Frames
2. ☐ Bifocal Lens(es) & Frames
3. ☐ Trifocal Lens(es) & Frames
4. ☐ Eye Exam
5. ☐ Single Vision Lens(es) Only
6. ☐ Bifocal Lens(es) Only
7. ☐ Trifocal Lens(es) Only
8. ☐ Frame Only
9. ☐ Other:_____

Costs
FOR OFFICIAL USE ONLY

Frame: $_____

Lens(es)$_____

Exam$_____

Lab Costs$_____

Other:
_____ $_____

Total: $_____

REVIEWED BY WELFARE FUND

_____

DISPENSER DECLARATION: To the best of my knowledge, the above information with regard to the patient, prescription, and services rendered is true and correct..

X_____ _____ _____
Signature of Dispenser | License Number | Date

SECTION C

INSURANCE INQUIRY: OTHER THAN WELFARE FUND, DO YOU HAVE ANY OTHER INSURANCE POLICY THAT WOULD EITHER PARTIALLY OR FULLY REIMBURSE YOUR LOSS?

YES ☐ NO ☐ IF YES, FILL IN THE FOLLOWING:

NAME OF COMPANY:_____ PHONE:_____ POLICY #:_____

AMOUNT REIMBURSED:_____

THE FACTS CONTAINED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT THE ACCEPTANCE OF PAYMENT FOR THE AMOUNT ALLOWED BY THE BOARD OF EDUCATION FOR THIS CLAIM SHALL RELEASE THE BOARD OF EDUCATION FROM ALL LIABILITY FOR THE LOSS OR DAMAGE TO PERSONAL PROPERTY ARISING OUT OF THE INCIDENT DESCRIBED ABOVE. I ALSO AGREE THAT IN THE EVENT THAT LOST PROPERTY IS LATER RECOVERED AND SAME IS RETURNED TO ME, I SHALL REIMBURSE THE BOARD OF EDUCATION FOR ANY MONIES PAID.

_____

SIGNATURE **DATE**

MAKE NO ENTRY BELOW THIS LINE

DATE APPROVED:_____ AMOUNT:_____ _____
FOR CLAIMS UNIT DATE

DISAPPROVED:_____

VICTIM SUPPORT PROGRAM

Procedures For Reimbursement Of Eyeglasses Damaged In Assault Cases

In March 1996 the Board approved reimbursement of eyeglasses damaged in assault cases at the GHI "Catastrophic Rate" i.e., the 90th percentile of customary charges for that item rather than the "standard" reimbursement rate applied to damaged or stolen property. The following are procedures which staff victims should follow to secure this benefit:

1. Staff victims who claim for eyeglasses damaged in assaults should fill out the appropriate form (see attached sample) and secure proper documentation. Before they do this, they should apply for whatever other insurance they have first e.g., Welfare Fund, spouse's coverage, secondary coverage, COBRA, Medicare, etc.

2. Staff members will file this form with the Board's Claims Unit. Address information is on the form.

3. Forms will be reviewed by the administrator of the Claims Unit and the Medical Bureau Administrator. Those deemed appropriate for reimbursement in this special category will be forwarded to the Victim Support Program.

4. Victim Support Program personnel will forward the claim application to the UFT Welfare Fund's special consultant for optometric services who will provide, at no cost to the Board, information and recommendations about reasonable and customary charges for each of the specified components of the damaged item, i.e. lens and frame costs.

5. The Welfare Fund specialist will return the form to the Board's Claims Unit. Final determination will be made by the Board.

Attachment
EGLASSRE