



HEARING OFFICERS PER SESSION / HEALTHCARE REBATE APPLICATION CALENDAR YEARS 2019/2020 REBATE

Eligibility: This benefit is for UFT members only. Member must have worked a minimum of 400 hours for OATH during the calendar years 2019 and 2020 combined (January 1, 2019 –December 31, 2020) in order to qualify.

Instructions for Filing:

1. Member must complete Box A below with all necessary information and the accompanying expense form.
2. Both forms, along with documentation of (a) healthcare expenses totaling up to \$3,000 between January 1, 2019-December 31, 2020 and (b) proof of hours worked during the same time period must be submitted no later than December 15, 2021:

To submit by mail: Mr. Charles Baker, United Federation of Teachers, 52 Broadway—11th floor, New York, NY 10004

3. To expedite your payment, please provide all forms/documentation together in one submission.

BOX A (must be completed)

Member's Name _____

Home Address _____

City, State, Zip _____

Personal -email _____

UFT ID # or Last 4 digits of Social Security Number _____

**** You must attach documentation of (a) a minimum of 400 hours worked for OATH between January 1, 2019 – December 31, 2020 and (b) healthcare expenses for yourself and/or immediate family members (i.e. spouse, dependent children) totaling up to \$3,000 during this same period. Examples of acceptable documentation for medical expenses include but are not limited to the following:**

- Copies of receipts for payment of health insurance premiums (including Medicare) or co-pays for doctor visits
- Copies of receipts or Explanation of Benefits showing out of pocket expenses for medical, vision or dental care, or prescriptions
- Copies of receipts or Explanation of Benefits showing out of pocket expenses for eyeglasses or other prescribed medical equipment

TOTAL AMOUNT OF SUBMITTED EXPENSES _____

TOTAL NUMBER OF HOURS WORKED FOR OATH DURING 2019 and 2020 combined _____

DECLARATION: To the best of my knowledge, the above information is true and correct, and I or my family members who reside with me have incurred the documented expenses. In the event I receive a benefit to which I am not entitled, I am obligated to refund said benefit to the United Federation of Teachers immediately. To be eligible for this benefit you must have authorized the deduction of dues from salary or wages in each regular payroll in an amount certified by the United Federation of Teachers and such authorization must be irrevocable until the following June 30.

Signature of Member _____

Date _____