

NEW YORK STATE COURT OFFICERS ASSOCIATION

OFFICE OF THE PRESIDENT



FEBRUARY 1, 2021

TO: ALL MEMBERS NEW YORK STATE COURT OFFICERS ASSOCIATION HIRED PRIOR TO APRIL 1, 2020

FROM: DENNIS W. QUIRK, PRESIDENT

SUBJECT: DAY CARE, ELDER CARE AND MEDICAL INSURANCE PREMIUMS/DEDUCTIBLE BENEFIT
APRIL 1, 2021 TO MARCH 31, 2022

DAY CARE, ELDER CARE AND MEDICAL INSURANCE PREMIUMS/DEDUCTIBLE BENEFIT FORM FOR THE PERIOD APRIL 1, 2021 TO MARCH 31, 2022.

IN ORDER TO COMPLY WITH RECENT IRS REGULATIONS COVERING TAX EXEMPT HEALTH BENEFIT FUNDS, THE NEW YORK STATE COURT OFFICERS ASSOCIATION SECURITY BENEFIT FUND WILL NOW REQUIRE PROOF THAT YOUR REQUEST FOR THE \$575.00 IS FOR THE REIMBURSEMENT OF AN APPROVED EXPENSE YOU PAID FOR.

THE FOLLOWING PROOF IS ACCEPTABLE:

- 1.) COPIES OF PAY CHECK STUBS INDICATING YOU AND/OR YOUR SPOUSE PAID FOR MEDICAL HEALTH INSURANCE TOTALING \$575.00 DURING THE PERIOD APRIL 1, 2021 TO MARCH 31, 2022
- 2.) COPIES OF MEDICAL INSURANCE CO-PAYS . YOU MUST ATTACH EOB STATEMENTS TOTALING \$575.00 DURING THE PERIOD APRIL 1, 2021 TO MARCH 31, 2022
- 3.) COPIES OF PAID BILLS FROM A DAY CARE COMPANY FOR YOUR CHILDREN TOTALING \$575.00 DURING THE PERIOD APRIL 1, 2021 TO MARCH 31, 2022
- 4.) COPIES OF PAID BILLS FROM AN ELDER CARE COMPANY FOR A PARENT AND/OR SPOUSE TOTALING \$575.00 DURING THE PERIOD APRIL 1, 2021 TO MARCH 31, 2022

THE DAY CARE, ELDER CARE AND MEDICAL INSURANCE PREMIUM/DEDUCTIBLE BENEFIT CLAIM FORM WILL BE MAILED OUT ON APRIL 1, 2021. ANY COMBINATION OF, PAY CHECK STUBS, EOB STATEMENTS OR BILLS FROM THE ABOVE FOUR (4) CATEGORIES TOTALING \$575.00 OR LESS IS ACCEPTABLE.

THE CLAIM FORM WITH REQUIRED ATTACHMENTS TOTALING \$575.00 OR LESS CAN BE SUBMITTED ANYTIME BETWEEN APRIL 1, 2021 TO MARCH 31, 2022.

**ONLY ONE SUBMISSION FOR PAYMENT IS PERMITTED.
NO PARTIAL PAYMENTS**

COLLECT ALL THE REQUIRED DOCUMENTS AND SUBMIT TO THE FUND OFFICE.