The UFA/UFOA Welfare Fund / Surgical Assistance Summary of Benefits

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The Surgical Assistance Fund ("the Fund") is a voluntary employees' beneficial association dedicated to provide active and retired members of the New York City Fire Department with financial assistance for surgical procedures.

The Fund provides for the payment of benefits ranging from $15.00 to $300.00 per procedure. The financial assistance is payable to the member regardless of any other existing health coverage. The Fund has neither a deductible nor an offset for similar benefits provided by any other program. The total cumulative benefit in any one calendar year for a member in either the Family or Single group membership shall be limited to $1,000.00. The Fund annual dues are $10.00 per individual membership and $15.00 per family membership.

UFA MEMBERS: The UFA will assume the payment of post-retirement dues for its members and will provide continuing life coverage in the Fund, provided that the retiree was a member of the Fund in good standing for at least the last two years before the retirement date. UFOA members are entitled to continuing post-retirement membership, but are responsible for direct payment of annual dues to the Fund. Membership and admission in the Fund is not offered post retirement date.

Only the member, spouse, and unmarried children under 19 years of age are entitled to receive surgical assistance benefits from the Fund. UFA and UFOA Widows are entitled to continue their membership by contributing the $10.00 annual dues.

To claim assistance submit a complete Application for Benefit form (MD-35). Also available online at the UFA Website.

Included in the coverage are all surgical procedures, including:

- Reduction, immobilization and/or casting of fractures and/or dislocations.
- Stitches and lacerations, skin lesions dermatology.
- Natural childbirth and C-section.
- Diagnostic colonoscopy, endoscopy, hysteroscopy, cystoscopy, angiogram and catheterizations.

Excluded from the Fund’s coverage are claims for the following procedures:

Any kind of dental work or oral surgery, radiology (x-ray, CT, MRI, ultrasound, radiation therapy, mammography), chemotherapy treatment, electrocardiograph, regular examinations, acupuncture, treatment of allergies, cosmetic surgery, immunization or other prophylaxes, drugs, physiotherapy, blood work and blood analysis, injections, and non-invasive procedures.

Applications submitted one year or later from the date of the procedure performed will NOT be considered under any circumstances. Members joining the Fund for the first time, or rejoining after lapsing membership are entitled to receive benefits for procedures performed three months after joining the Fund.
SURGICAL ASSISTANCE FUND
BENEFIT APPLICATION

Date __________________

Active □ Rank ______________ Dues Paid at What Unit __________________________

Retired □ Rank ______________ Date Retired ______________ Unit ______________

Widow □

Your Name_________________________________ Social Security No. Last four Digits Only

Your Address __________________________________ Telephone No.____________________

__________________________________________ / __________ / __________
Town State Zip Code

Name of Patient ____________________________ Age of Patient ______________________

Relationship to Member ______________________ If Child, give Date of Birth ____________

(If active) Was this procedure as a result

Date of Operation ________________________ of a LOD injury (YES __) (NO___)

NAME OF THE SURGICAL PROCEDURE______________________________________________

ONE of the following MUST accompany this claim:

• A signed statement from the Doctor on his/her stationery or an operating report.
• A GHI or Medicare benefit form indicating the DATE & NAME of the procedure.
• Coded medical evidence cannot be used by this office.
• THE DOCUMENT MUST INCLUDE: (1) NAME OF THE PATIENT, (2) DATE OF THE
PROCEDURE AND (3) THE NAME OF THE PROCEDURE.

*Anesthesia is not covered by the Fund, but a benefit will be provided for the surgical procedure.
*Claims one year or older will not be considered under any circumstances.
*Oral surgery or any type of dental work IS NOT COVERED.

Only dependent children under 19 years of age (including full time students) are eligible for benefits.

________________________________________
(Signature of Member)

Case No. _____________________ Amount to be paid by the Fund $_____________