

**Commonwealth of Massachusetts/  
NAGE HEALTH and WELFARE TRUST FUND  
Hearing Aid Assistance Program**

Return Form To: Commonwealth of Massachusetts/NAGE Hearing Aid Assistance Program  
159 Burgin Parkway, First Floor  
Quincy, MA 02169-4213

Benefit for Hearing Aid Device Only  
There is no coverage for the hearing test  
Maximum benefit \$1,500.00 once every three years

Note: To receive benefits under this plan, services must be completely paid to the provider before submitting this claim form. Please attach an itemized statement as well as the explanation of benefit from your health insurance carrier. The following information must be provided: name of patient, name of Insured member, name and address of the provider, date of service, a list of the itemized services provided and each associated charge with written confirmation of payment for the services.

The NAGE Fund Office will not process any claims until all payments have been received from your health insurance carrier.

Member Name: \_\_\_\_\_

Member Social Security Number: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_

If claim is for a dependent, NAME: \_\_\_\_\_

Amount of reimbursement requested: \_\_\_\_\_ Date of Service \_\_\_\_\_

If all questions are not answered, and if a copy of a paid statement or bill is not included,  
this claim will not be processed.

**If you have any questions, please contact the NAGE Fund Office at 1-800-641-0700**

I hereby certify that the foregoing statements, including any accompanying statements, are to the best of my knowledge and belief true, correct and complete. I hereby authorize any provider named to disclose all known facts concerning this claim, A copy or photocopy of this authorization shall be valid as the original.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*signature of member*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*signature of hearing aid device provider*

It is illegal for a Fund member to willfully and knowingly misrepresent any fact for the purpose of securing benefit under any of the Fund's plans. Any member found by the Board of Trustees to have committed such a misrepresentation may immediately become Ineligible for benefits, and will be required to reimburse the Fund for any benefits so obtained. The Trust Fund will cooperate with law enforcement agencies investigating and prosecuting criminal complaints, including fraud or larceny.