

# 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 \$750.00 once every three years

The Commonwealth of Massachusetts/NAGE Health and Welfare Trust Fund is your secondary insurance on a hearing aid device. You must submit your paid bills to the Group Insurance Commission or your health insurance carrier for payment first. Any remaining balance of your hearing aid device must then be submitted to the NAGE Fund Office with this completed claim form.

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

Please Print: To be completed by eligible members of NAGE or its affiliates, with collectively bargained agreements

1. Employee's Full Name: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
number and street

\_\_\_\_\_  
city, state and zip code

Telephone Number: (work) \_\_\_\_\_ ext. \_\_\_\_\_ (home) \_\_\_\_\_

2. If a claim is for a dependent, give name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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.

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**