

**NEW YORK STATE
SUPREME COURT OFFICERS ASSOCIATION
ILA - AFL - CIO
299 Broadway - Suite 1100
New York, NY 10007**

Return completed Claim form to:
Maloney Associates, Inc.
211 Broadway, Lynbrook, New York 11563

All forms are for period January 1, 2004
through December 31, 2004
All requests must be received no later
than March 31, 2005

BENEFIT FOR MEDICAL INSURANCE DEDUCTIBLES/CO-PAYS, PRESCRIPTION DRUG CO-PAYMENTS,
ELIGIBLE DAY CARE & ELIGIBLE ELDER CARE

COMPLETE ALL ANSWERS LEGIBLY

Date of Application: _____	Social Security Number: _____
Name: _____	Address: _____ _____
Home Phone: _____	Work Phone: _____

FILING CLAIM FOR:

Attach Receipts

- Insurance Deductible
 Eligible Day Care
 Eligible Elder Care
 Prescriptions

I hereby certify that all of the above statements are correct:

Member's Signature

TO BE COMPLETED BY FUND

Effective Date	Termination Date	Authorized Signature	Date
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