

**Boston Teachers Union
Paraprofessional Health and Welfare Fund
180 Mt. Vernon Street
Boston, MA 02125
(617) 288-5883
(Dorchester)**

HOSPITAL VERIFICATION FORM

This block to be completed by Covered Paraprofessional:

I authorize the hospital and/or Blue Cross/Blue Shield to divulge the following information:

Signature of Patient Date

Type or print name of patient: _____

This block to be completed by Hospital:

Full Name of Patient: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Hospital: _____

Name of Attending Physician: _____

The above-named patient was admitted to this hospital on _____
Month Day Year and was continuously

hospitalized until discharged on _____
Month Day Year.

Please give a brief explanation of the reason for hospitalization:

The above information is true and correct to the best of my knowledge.

Authorized Signature: _____

Name and Title: _____

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CLAIM FORM FOR SUPPLEMENTAL HOSPITALIZATION BENEFIT

To be completed in full by Covered Paraprofessional

Note: Read entire form before entering any information.
You must submit both a separate claim form and hospital verification for each hospital stay.

Please type or print all information.

Full Name of Member _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____
Social Security Number _____
Present School and District or Department _____

If any of the above information was different at the time of hospitalization, enter information at the time of hospitalization here:

Full Name _____

Address _____

City _____ State _____ Zip _____

School and District or Department _____

Name of Hospital _____
Address of Hospital _____
City _____ State _____ Zip _____
Date of Hospitalization: From _____ To: _____
Please give a brief explanation of the reason for hospitalization:
Name of attending Physician: _____

IMPORTANT – Please sign the attached Hospitalization Verification Form in the space marked with an “X” and return both forms to:

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Do Not Send either of these forms to the Hospital involved.

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Please complete the Claim Form in its entirety but only complete the block at the top of the Hospital Verification Form.

Return both forms to us. We'll take care of contacting the hospital involved in each case and we also verify your "Covered Paraprofessional" status.

Obviously, the sooner you mail us back the forms, the sooner we can proceed with our part. Please do not divert from this procedure as it can only delay your benefit.

Also, the Internal Revenue Service has determined that this type of benefit represents taxable income. You should then, report the income on your income tax form for the year in which the benefit is received.