



ALLIED BUILDING INSPECTORS
LOCAL 211 INTERNATIONAL UNION OF OPERATING ENGINEERS
WELFARE FUND



225 BROADWAY, 43RD FLOOR, NEW YORK, NY 10007

Phone: (212) 233-2690
 Fax: (212) 962-2523

APPLICATION FOR HEARING EVALUATION AND/OR HEARING AID

To be completed by member:

I hereby apply for Hearing Evaluation and/or Hearing Aid benefits.

Name _____

Home address _____

Social Security Number _____

Job Title _____ Agency or Department _____

Date _____ Signature _____

To be completed by Provider of Services:

I have examined - Patient's Name _____

Age _____ to determine whether or not he or she needs a hearing aid. (Check one) Yes No

If the answer is Yes, please complete the following:

Amount of charges for:

Hearing Evaluation \$ _____

Hearing Aid \$ _____

Total Charged \$ _____

PLEASE ATTACH ITEMIZED PAID BILL SHOWING SERVICES RENDERED AND DATES OF SERVICE

Date _____ Signature of Provider of Services _____

Titles _____

Address _____

Eligibility verified _____ Amount _____

Date of payment _____ Check No. _____