

Management Benefits Fund

Superimposed Major Medical Plan (SMMP)
Family Building Benefits Reimbursement Form
(Adoption, Surrogacy and Purchase of Donor Material)

Please see page 2 for form submission instructions.

DATE

The Management Benefits Fund will reimburse members for eligible family building expenses up to the maximum benefit amount of \$10,000 per child/attempt to conceive or adopt. Eligible expenses include:

Adoption expenses (Category 1)

	y arrangement expenses (Category 2) of Donor Material (Category 3)				
Please refer to	o the SMMP section of the MBF Benefits Booklet available on MBF's websit or material expenses, exclusions and limitations.	e at nyc.gov	/mbf for adoption, sur	rogacy and p	ur-
Please indicate	e type of claim: ☐ This is a new request☐ This is an additional reimbursement request for an existi	ng case (add	d case number, if know	wn:)
A. MEMBER	INFORMATION				
SOCIAL SECURITY					
-	-	RETIRED 🔲	COBRA SURVIVOR	LTD	
LAST NAME	FIRST NAME				MI
ADDRESS			WORK TELEPHONE NUM	ADED.	
ADDRESS			WORK TELEPHONE NOW	IDEK	
CITY	STATE ZIP COD	<u> </u>	DAYTIME TELEPHONE N	UMBER	
				1-	
	T FOR REIMBURSEMENT				
DATE OF EXPENSE	CATEGORY / DESCRIPTION OF ELIGIBLE EXPENSE* CATEGORY NUMBER: ADOPTION = 1, SURROGACY = 2, PURCHASE OF DONOR MATERIAL = 3	PR	OVIDER INFORMATION	AMO	OUNT
	Category Number: Description:			\$	
	Category Number: Description:			\$	
	Category Number: Description:			\$	
	Category Number: Description:			\$	
*Important: Legibl	e supporting documentation is required to be submitted for eligible expenses (copies of verifying	documents, item	nized receipts & other requir	ed documentation	n).
C SIGNATU	IRE AND RELEASE				
I hereby cert	ify that the information provided on this Form is correct and true to the best on the rules of the Family Building Benefits, as set forth in the SMMP section of the Family Building Benefits, as set forth in the SMMP section of the rules of the Family Building Benefits, as set forth in the SMMP section of the rules o				
	that if I am an eligible MBF active/retiree member, the Management Beneforto the maximum benefit amount of \$10,000 per child/attempt to conceive o		reimburse me for elig	ible family bu	ıilding
	I that any information provided as part of my application for reimbursement confidential but is subject to disclosure for administrative purposes, as requir				
expenses un limitations, p and purchas provide addit	the supporting documentation I am submitting with this form for Family Build ader the Management Benefits Fund SMMP. For a complete listing of Family lease refer to the SMMP section of the MBF Benefits Booklet available on Ne of donor material. I understand that the Plan Administrator reserves the rigitional substantiation to verify my eligibility for reimbursement of eligible expending to provide sufficient documentation upon reasonable request by the Plan	/ Building Be IBF's websit ht to request enses in coni	enefits eligible expens e at nyc.gov/mbf for a t that I complete addit nection with the Famil	es, exclusion doption, surro ional docume	as and ogacy ents or
You are stro	nowledge that the information contained in this Booklet does not constitute the ngly encouraged to consult with a tax and legal advisor before reaching any h the Family Building Benefits Program.				
	that if I make a false statement or misrepresentation on this reimbursements are to deny benefits or to recover amounts paid for benefits to which a pe				

torney fees incurred by the MBF in an attempt to recover such amounts and that any false statements on this reimbursement form may lead

to other disciplinary action, up to and including termination of employment.

Claim cannot be processed without member's signature.

MBF MEMBER'S SIGNATURE

Please refer to the SMMP section of the MBF Benefits Booklet available on MBF's website at nyc.gov/mbf for adoption/ surrogacy expenses, exclusions, limitations and maximums for SMMP.

Submitting Requests for Reimbursement

Reimbursement for Family Building Expenses should be submitted in accordance with the Reimbursement Procedures section of the SMMP Family Building Benefit.

Please refer to the Family Building Benefit in the SMMP section of the Benefits Booklet for eligible and non-eligible expenses.

Submission instructions (include reimbursement form and all supporting documentation):

Online: Visit ASO's website at https://www.asonet.com/member.aspx?

Log in or create an account

Follow the instructions to upload your documents

By Mail: MBF SMMP

Administrative Services Only (ASO), Inc.

P.O. Box 9009

Lynbrook, NY 11563-9009

ASO Toll free helpline: (877) 844-SMMP (7667)