



## SUPPLEMENTAL TRAVEL BENEFIT CLAIM FORM

The Equity-League Health Fund provides two separate travel benefits for its participants who are covered by the CIGNA medical plan, but who do not have network providers within 60 miles of their residence that provide abortion, behavioral health or gender affirmation services. **The first benefit is administered by Cigna** and it covers certain travel expenses (only to network providers). Expenses covered by Cigna include transportation, and lodging up to \$50 per night for the participant (or up to \$100 per night for an individual and an authorized companion). Meals and mileage are not covered by the Cigna administered benefit. To file a claim with Cigna, or if you have any questions about the Cigna administered benefit, you can contact Cigna via phone at 1-800-244-6224.

**A Supplemental Travel Benefit** is available directly from the Fund, once Cigna has determined what it will pay (if Cigna denies coverage for travel expenses under its travel benefit, the Supplemental Travel Benefit does not apply). The Supplemental Travel Benefit is taxable and you will receive a W-2 from the Health Fund for the calendar year in which the Fund pays the benefit.

**What is Covered:** The Supplemental Travel Benefit covers the cost of lodging up to a maximum of \$350 per night (less the lodging reimbursement from Cigna). The Supplemental Travel Benefit also covers meals, up to \$100 per day (whether or not an approved companion travelled with you). The benefit covers only expenses incurred on the day before treatment begins, any days of outpatient treatment, and the night following your last treatment.

**Claims Deadline:** To be eligible for reimbursement, claims must be submitted no later than 12 months from the date the expense was incurred.

For further information about the Equity-League travel benefit, you can visit the Fund's website at [www.equityleague.org](http://www.equityleague.org), e-mail us at [health@equityleague.org](mailto:health@equityleague.org), or call the Fund Office at 212.869.9380.

**How to Apply:** This form is to be used to apply for the Supplemental Travel Benefit, and it can only be submitted once Cigna has approved the claim you submitted to them. Please submit this form through MailGate, the Fund Office's secure e-mail application. Instructions for doing this can be found at [equityleague.org/secureemail/](http://equityleague.org/secureemail/).

To make a claim for yourself, a covered dependent and any approved companion, please provide the following:

Your Name: \_\_\_\_\_

Name of Dependent (if expenses were incurred by a covered dependent): \_\_\_\_\_

Name of any companion approved by Cigna: \_\_\_\_\_

Address to Which You Want Your Payment Sent: \_\_\_\_\_

Your AEA Member Number: \_\_\_\_\_

Date(s) the Medical Service Was Rendered: \_\_\_\_\_

The Amount of Lodging Expenses Cigna Paid: \_\_\_\_\_

The Amount You/Your Dependent Paid for Lodging that Was Not Reimbursed by Cigna:

\_\_\_\_\_

The Amount You/Your Dependent Paid for Meals: \_\_\_\_\_

**Important:** You must submit the following with this form:

- 1) Receipts for the above lodging and meal expenses
- 2) The EXPLANATION OF BENEFITS (EOB) provided by Cigna under its travel benefit, as well as an EOB for the treatment received under the Cigna medical benefit.

I HEREBY CERTIFY THAT THE EXPENSES SUBMITTED HERE FOR REIMBURSEMENT HAVE NOT BEEN REIMBURSED BY CIGNA

SIGNED (Participant): \_\_\_\_\_ Date \_\_\_\_\_