

**PRESCRIPTION AND/OR OVER THE COUNTER DRUG RECORD**  
**Supplementary Economic Assistance**

ADDITIONAL SECURITY BENEFITS PLAN OF THE ELECTRICAL INDUSTRY  
158-11 HARRY VAN ARSDALE JR. AVENUE, FLUSHING, NY 11365

**INSTRUCTIONS:** *Please read carefully:*

List your PRESCRIPTION AND/OR OVER THE COUNTER DRUG RECEIPTS ON THIS FORM. *For a list of covered and non-covered over the counter drugs and rules for claim submission, please see the back of this form.* List bills in date order. Bills will not be accepted unless properly listed on this form. The form will not be accepted unless accompanied by original itemized receipts that specifically name the medicine or product. Do not send in duplicate bills or bills previously submitted and paid through your Additional Security Benefits Plan. Return the application, this form and receipts in the enclosed self-addressed envelope. ***SIGN THIS FORM*** at bottom.

Date of Service	Name of Drug	Patient's Name	Relationship of Patient (Self, Spouse, Child)	Amount to be Reimbursed
				\$

**Total Amount to be Reimbursed \$ \_\_\_\_\_**

**NOTICE**

Any intentional statement of incomplete and/or incorrect information may result in disciplinary action including the institution of civil and/or criminal proceedings. I have read the foregoing Notice and I certify to the completeness and accuracy of this application. I further certify that the above drugs and medicines were purchased by me for the individual named above.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

## **Over the Counter Medicines**

Effective January 1, 2011, over the counter (“OTC”) medicines will not be reimbursable under the Plan unless you have a valid prescription. An original prescription must be submitted for reimbursement.

### **Exceptions**

Insulin still qualifies for reimbursement without a prescription.

Equipment, supplies, and diagnostic devices such as bandages, hearing aid batteries, and blood sugar test kits remain eligible for reimbursement without a prescription.

Following is a list of examples of OTC medicines categories that are no longer covered for reimbursement without a prescription by the Plan as of January 1, 2011 (but remain covered through December 31, 2010):

Allergy Medicine	Antihistamines	Analgesics
Antacids	Anti-Diarrhea Medication	Aspirin
Cold Medicine	Contact Lens Solution	Cough Drops
Hemorrhoidal Medications	Laxatives	Menstrual Cycle Products
Calcium Supplements (only if recommended by a doctor for a specific condition)	First Aid Cream (Bactine, special diaper rash ointment, calamine lotion, bug bite medication, wart remover treatments)	Motion Sickness Pills
Muscle/Joint Pain Relief	Nasal Sinus Spray	Nicotine Gum/Patches
Pain Reliever	Pedialyte	Lactose Intolerance Pills
Reading Glasses	Rubbing Alcohol	Sinus Medication
Smoking Cessation Products	Throat Lozenges	Visine
Wound Care Products		

### **Ineligible Medical Expenses: A Partial List**

Expenses that are not considered Medical Care Expenses for purposes of the Plan include:

- As of January 1, 2011, over the counter medications or products
- Cosmetic services
- Expenses you claim on your income tax return
- Some expenses that are not tax-deductible
- Expenses that are reimbursed by other sources, such as insurance plans
- Fees for exercise or health clubs, unless medically necessary
- Hair transplants
- Illegal treatments, operations or drugs
- Postage and handling fees
- Weight loss programs that are not medically necessary

The above list of exclusions is provided for illustrative purposes and is not all-inclusive. You should always call the Joint Industry Board for verification as to a covered service.