DETECTIVES' ENDOWMENT ASSOCIATION
HEALTH BENEFITS
26 THOMAS STREET, NEW YORK, NY 10007
(212) 587-9120

HEARING AID BENEFIT

Please print clearly and fill out complete form.

Status: Active ☐ Retired ☐

Social Security No.:_____ Tax ID No.:_____

Name:_____ DEA ID No.:_____

(Last, First, MI)

Address:_____ Apt. No:_____

City:_____ State:_____ Zip:_____

Telephone No.:_____ Cell Phone No.:_____

Email:_____

Please attach an itemized bill.

Patient:_____

Ear: Left ☐ Right ☐ Both ☐

_____ _____

Member's Signature ***Date***

The DEA provides a hearing aid benefit to all members and their eligible dependents when prescribed by a licensed physician. The DEA Health Benefit Fund will reimburse up to a maximum of $500 per ear towards the purchase of a hearing aid every four (4) years (active member's children every two (2) years). The benefit does not cover the exam, repairs, batteries, ear molds or service contracts.