DANIEL H. COOK
ASSOCIATES INC

Flexible Benefit Program
New Benefit Notice

Group Name: Mamaroneck Teachers' Association Trust Fund

Mamaroneck Teachers' Association Welfare Trust Fund - Notice to Active Members

Dear Mamaroneck Teachers' Association Welfare Trust Fund Member,

The Board of Trustees of the Mamaroneck Teachers' Association Welfare Trust Fund is pleased to introduce a new benefit available to you — a **Flexible Benefit Program**.

This program has been established to help offset certain out-of-pocket dental and vision expenses that were previously the sole responsibility of the member. The Trustees are proud to offer this additional support as part of the Fund's ongoing commitment to enhancing your benefits.

Program Highlights

- **Covered Period:** Expenses must be incurred between **July 1, 2025 and June 30, 2026**
- **Maximum Benefit:** $200.00 per family (annual maximum)
- **Eligibility:** Active members only

Submission Requirements

- All claims must be received by Daniel H. Cook Associates, Inc. no later than **September 30, 2026**
- You must submit:
    - Copies of your **Explanation of Benefits (EOB)** from your dental or vision provider
    - **Itemized receipts** for services rendered

Please note that claims submitted without the required documentation will be **denied**.

Important Reminder

- This is a **once-per-year submission program**
- Members are encouraged to **save and accumulate all EOBs and receipts** throughout the plan year before submitting for reimbursement

The Trustees are very pleased to make this program available and hope it provides meaningful assistance with your healthcare expenses.

If you have any questions regarding this benefit or the submission process, please contact **Daniel H. Cook Associates, Inc.** at (212) 505-5050.

Sincerely,

Board of Trustees
Mamaroneck Teachers' Association Welfare Trust Fund

DANIEL H. COOK
ASSOCIATES INC

Flexible Benefit Program Claim Form

Group Name: Mamaroneck Teachers' Association Trust Fund

Dental and Vision Only *please see specifics listed below*

MEMBER'S NAME: _____

MEMBER'S ADDRESS: _____

SOCIAL SECURITY #: _____

2025 - 2026 Maximum Benefit: $200.00

Services must be incurred between July 1, 2025 and June 30, 2026.
All claims must be received at Daniel H. Cook Associates, Inc. by September 30, 2026.
Please submit the copies of explanation of payment from your dentist or vision provider.

Full Name of Member or Dependent	Service Category # (See below)	Date of Service (MM/DD/YYYY)	Amount not covered any other plan
			$
			$
			$
			$
			$

**************Service Category**************

1. Dental expenses incurred by you, your spouse, and/or eligible dependent children and not reimbursed by any other dental plan.
2. Vision expenses incurred by you, your spouse, and/or eligible dependent children and not reimbursed by any other vision plan.

_____ _____

Member Signature **Date**

Please email completed form to intake@dhcook.com or return to:

MAMARONECK TEACHERS' ASSOCIATION TRUST FUND
c/o Daniel H. Cook Associates, Inc.
1040 Avenue of the Americas, 24th FL
New York, NY 10018
(212) 505-5050

Eligibility: Please note this benefit is only available to Active Members.
Benefit amount above represents a family maximum.