



**DETECTIVES' ENDOWMENT ASSOCIATION, INC.**  
**HEALTH BENEFITS**  
**26 THOMAS STREET, NY, NY 10007**  
**Phone 212-587-9120 FAX 212-587-9149**  
[deabenefits@nycdetectives.org](mailto:deabenefits@nycdetectives.org)

## HEARING AID BENEFIT

Please print clearly and fill out complete form.

ACTIVE \_\_\_\_\_ RETIRED \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ TAX # \_\_\_\_\_  
NAME (Last, First) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE # \_\_\_\_\_ CELLPHONE # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

*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.