

SENECA - CAYUGA NATION

Phone: 918-791-6025
Fax: 918-786-9245

Benefits Department
PO Box 453220
Grove, OK 74345

Email:
benefits@sctribe.com

CHECK THIS
BOX IF YOU
ARE A 1ST
TIME
APPLICANT

Benefit Application for **OPTICAL**

Submit to the above Address – “Attention: Benefits”

APPLICATIONS MUST BE COMPLETE OTHERWISE THEY WILL NOT BE PROCESSED

*All applications will be processed according to the date the claim is received in our office.
Your claim must show the amount paid by your insurance company, if applicable*

The maximum amount paid per Tribal Member for Optical Claims:

*** \$500.00 Per Fiscal Year**

Date

Name

Roll #

Date of Birth

Address

City/State

Zip Code

Phone Number

Cell Number

Work Number

Email Address

Amount Applying for Optical \$ _____

All information provided on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information I have provided on this form. I agree to notify the Seneca-Cayuga Benefits Department of any changes in the above information.

PERMISSION FOR RELEASE OF INFORMATION

I, the undersigned tribal member do hereby give my permission for the release of vendor information to the Seneca Cayuga Nations Benefit Department. This shall include, but not be limited to landlord payments, landlord leases, dental, vision, optical receipts, utility vendors, and any other documents submitted. Any tribal member found to be defrauding the Seneca Cayuga Nation Benefit Program will be suspended indefinitely.

Printed Name of Applicant or Guardian

Date

Signature of Applicant or Guardian

Date

The following documents Must be Submitted with this Application:

- A copy of the tribal card for the member applying for services.
- The invoice or statement from the doctor's office showing the amount
*Note: If the bill was paid by the Tribal Member or parent, a statement showing
The amount must be provided by the doctor's office in order to be reimbursed*
- Signed application by the Tribal Member. (parent or guardian if a minor)
- W-9 Tax Form from the doctor's office. Payment will be made directly to the doctor's office