StirlingBenefits™
Evolving the Business of Benefits™

Stirling Benefits, Inc.
20 Armory Lane
Milford, CT 06460

Vision & Hearing Services Claim Form – State of Connecticut Teachers' Retirement Board

Please complete the employee and patient information

Today's Date:	Date of Service:
Retiree's Name:	Group Number: 5000
Address:	
City: State: ZIP:	
Date of Birth:	Providers Name:

Reimburse Retiree ☐
Reimburse Provider ☐

Please complete services and materials received. You must provide the costs paid. Costs paid must match submitted receipt(s).

Please Note: Receipts must be submitted together at the same time for services and materials purchased (even if purchased on different dates) to receive reimbursement.

Vision /Hearing Exam Paid: $

Complete below for glasses OR... **Complete below for contacts**

Glasses	Contacts
Frames: Paid: $	Contact Fitting / Exam: Paid: $
Glasses Lens Type (Check One)	Contact Lenses: Paid: $
☐ Single-vision lenses Paid:$	Note: Contact fitting fees must accompany contact lenses purchased.
☐ Bi-focal lenses Paid:$	
☐ Tri-focal lenses Paid:$	
☐ Lenticular lenses Paid:$	

Complete below for Hearing Aids

Hearing Aids: Paid: $	Hearing Aid Fitting & Adjustment: Paid: $
Signature:	Date :

Please return this form with a copy of your paid, itemized receipt to:
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Questions? You can call our Customer Service Department at (203) 876-1660