THE NEW YORK HOTEL TRADES COUNCIL
HEALTH CENTER, INC.
THE HOTEL ASSOCIATION OF NEW YORK CITY, INC.

COVID-19 AT-HOME TEST
MEMBER REIMBURSEMENT FORM

Please use this form to request reimbursement for the cost of FDA-approved COVID-19 at-home test(s).

Effective January 15, 2022: Members that do not access the network of preferred Health Center Pharmacies (Brooklyn, Harlem & Queens), at which you can obtain a test with no out-of-pocket expense, can still obtain tests from other retailers outside that network. The Fund will reimburse you at a rate of up to **$12 per individual test (or the cost of the test, if less than $12).**

The requirement from the federal government allows **eight (8) tests a month per eligible/covered person**. For instance, a household of two people (Member & covered dependent) would be able to request reimbursement for 16 tests every month, reimbursed up to $12 per individual test.

In order to process your request for reimbursement we will need the following:
• Member Reimbursement Form for whom the at-home test is purchased.
• Clean photocopy of receipt for at-home test(s), showing the amount paid and name of test purchased.

Keep original receipt(s) for your records.
Reimbursement will not be approved without all documentation attached.
Tests purchased before January 15th do not qualify for reimbursement.

Member Information:

Member Name: _____ DOB:_____

Member's Identification Number (Last 4 digits of SS#) xxx-xx- _____

Address: _____

_____

_____

Order Details

Please note that the Fund is required to cover a maximum of eight (8) individual at-home over-the-counter COVID-19 tests per eligible person per month. If you have obtained a test(s) with no out-of-pocket expense through the Health Centers, your maximum reimbursement through the claim process for tests will only amount up to the maximum number allowable under the mandate (8).

Attach: Test receipt(s) and Proof of Purchase & mail it to:

NYHTC – Home Tests
P.O. Box 36-21000 PACC
New York, NY 10129