

*Detectives' Endowment Association*

*26 Thomas Street*

*New York, NY 10007*

*(212) 587-9120*

**HEARING AID BENEFIT**  
**FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

SS# \_\_\_\_\_

Active \_\_\_\_\_ Retired \_\_\_\_\_

Patient \_\_\_\_\_

(Ear) Left \_\_\_\_\_ Right \_\_\_\_\_ Both \_\_\_\_\_

Signature \_\_\_\_\_

**(PLEASE ATTACH AN ITEMIZED BILL)**

The DEA provides a hearing aid benefit to all members and their eligible dependents. When prescribe by a licensed Physician, the DEA Funds office will reimburse up to a maximum of \$500.00 (per ear) towards the purchase of a hearing aid every four years. \*(Active member's dependent children every two years) The benefit does not cover the exam, repairs, batteries, ear molds or service contracts.