



As of June 1, 2023, Suffolk Municipal Employee Benefit Fund Active members who earn less than \$75,000, may now submit a Health Insurance Assistance Form for a reimbursement of a portion of their 2022 health insurance pay share. Unlike last year, the form is now available to print from our website and copies will be accepted.

www.scmebf.org

Click the "print a form" tab, go down to "Health Insurance Assistance Claim Form" and print. Members can also get a copy from the Benefit Fund by calling (631) 319-4099

Members whose base salaries (does not including overtime or longevity) are less than \$75,000 and pay into their EMHP (Employee Medical Health Plan) may now download an Employee Health Care Assistance form from the Suffolk County Municipal Employees Benefit Fund. Members must fill out the form and return it to the Benefit Fund with necessary documentation. This may include a copy of the last pay stub from 2022. If the member was on leave without pay, they must also provide documentation of when the leave began and ended.

Once received the Benefit Fund will calculate the benefit to be disbursed.

The Health Care Assistance benefit is used to assist active members who are currently paying more than 2% of their annual base salary towards one of the County Health Plans' "premium" cost share. The County minimum cost share is currently \$1500, therefore, if a member's annual base salary is less than \$75,000, they would be eligible for this benefit. Members must be enrolled in either the EMHP or a County-offered HMO and paying the cost share to be eligible for this benefit.

The Benefit will be calculated and determined by the Benefit Fund.