

Application for Reimbursement of Qualified Medical Expenses

Calendar Year _____

EMPLOYEE NAME _____

Daytime Phone _____

Email Address _____

Total Amount Requested \$ _____

Claim Submission Instructions:

1. Complete Application for Reimbursement of Qualified Medical Expenses
2. Attach a copy of the Health Insurance Explanation of Benefits (EBO) for each item listed. EBO must list the provider name, date(s) of service, description of service, and your portion of the cost (deductible expense). *Provider bills will NOT be accepted as proof of deductible expense.*
3. Submit completed application with supporting documentation to the Office of Human Resources for processing.
4. Approved requests for qualified medical expenses are issued monthly – typically the first week of the month.

Summarize claimant details supporting reimbursement request.
Claimant must be enrolled in the PPO Select Plan.

Date(s) of Service	Claimant	Expense Amount

I certify that the claims listed on my application for reimbursement have not otherwise been submitted for reimbursement through any other benefit plan. I acknowledge if I receive reimbursement for said claim under another plan, I will be required to refund the reimbursement to the College.

Employee Signature _____ **Date** _____

For Human Resources Use Only

Approval/Disapproval _____

Administrator's Signature _____ *Date* _____