CHAFFEY COMMUNITY COLLEGE DISTRICT PART-TIME INSTRUCTOR MEDICAL/DENTAL BENEFITS PROGRAM APPLICATION FOR REIMBURSEMENT

Reimbursement for Semester (choose one):	Fall:	Spring:
	t during each t ment at the Di st term of my p	erm of my participation in this program; and strict for at least one (1) primary term (fall participation in this program; and
 any insurance carriers or other 3rd party Completed application and supporting (verification of insurance payment or ocost being incurred. Reimbursements are made on a first code. When the designated allotment has been longer be funded. Reimbursement checks will be sent via has been received and approved by the going to Self-service/Banking Information will not be processed for reimbursement. Reimbursement is not available for code. Submit all required documents to Melin via fax to 909/652-6533. I have attached my supporting documentation. 	documentation documentation out-of-pocket of the exhausted, in a USPS approximate District. Reinfon/Add Account until all requests a Moreno, Hoto this form confirm the serious.	medical/dental benefits reimbursement will no aimately 2-3 weeks after the required documentation inbursement can be issued as a direct deposit by unt/Refunds, Reimbursements & Payments. Claims uired documentation has been received. We cosmetic treatments. Tuman Resources at Melissa.moreno@chaffey.edu or confirming payment for services or premiums during rvices and/or premium payment secured are for me
Signature:		Date:
Employee ID:	Name:	
Mailing Address:		
Email:		
Requested Reimbursement Amount: FOR HR/ACCOUNTING USE ONLY:	Date M	edical Services Received:
HR Authorization:		Date:

HR Approved Reimbursement Amount: ______ Budget Number: _____

Accounting Authorization: