

Retiree Medical Quarterly Premium Reimbursement Process

Reimbursement Request Forms

Reimbursement request forms can be obtained online at <https://hr.lafayette.edu/forms/#retirees> or from Human Resources.

This form is required for your payment to be processed and must include:

- The months for which payment is requested
- Itemization of all reimbursement amounts requested, including:
 - Type of coverage (medical, prescription/Part D, etc.)
 - Note: Some types of coverage (e.g. – Medicare Part B, Dental, Vision, etc.) are not eligible for reimbursement
- Covered person(s) for each payment amount
- Proof of payment for each coverage above
- Signature* and printed name of retiree, eligible spouse or designated party

Deadlines for Submission and Payment Processing

Requests Received on or before: **	Will be processed for payment on or before:
January 15	January 31
April 15	April 30
July 15	July 30
October 15	October 31
<i>**requests received after the quarterly submission deadline will be held and processed with the next quarter's payments</i>	

Submission Options

You may request reimbursement for any premiums paid during the past 12 months. Forms may be submitted to Human Resources, along with supporting payment documentation, in any of the following ways:

- Recommended - via email, as a pdf or photo attachment, to hroffice@lafayette.edu
- via fax to 610-330-5720
- via US Mail to Human Resources, 12 Markle Hall, Easton, PA 18042

**Signing the reimbursement request is an attestation to the validity of the information submitted. This program, and requests submitted, are subject to audits during the year.*