

LAFAYETTE COLLEGE

MEDICAL INSURANCE PREMIUM REIMBURSEMENT FORM

Complete and email, fax or scan to the Office of Human Resources along with a copy of the premium bills for the reimbursement claimed. Premium bills must indicate the name of the subscriber, the amount of premium paid and the time period for which you were billed.

Reimbursement requested for the following months and year(s):

- January 2023
- February 2022
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

HR Office use:
NAME:
INDEX: 9245
L#:
MONTH:
AMOUNT:
APPROVAL:
DATE:

ITEMIZATION OF MONTHLY PREMIUM COSTS*
(itemization and proof for each person required for one month, unless amounts change)

EXAMPLE:

<i>United Healthcare</i>	<i>0987654321</i>	<i>Medical</i>	<i>Jane (Retiree)</i>	<i>R</i>	<i>\$219.00</i>
<i>Elixir</i>	<i>1234567890</i>	<i>Prescription</i>	<i>Jane</i>	<i>R</i>	<i>\$19.80</i>
<i>United Healthcare</i>	<i>0987654321</i>	<i>Medical</i>	<i>Joe (Spouse)</i>	<i>S</i>	<i>\$160.00</i>
<i>Elixir</i>	<i>1234567891</i>	<i>Prescription</i>	<i>Joe</i>	<i>S</i>	<i>\$19.80</i>
<u>Insurance Plan Name</u>	<u>Policy Number</u>	<u>Coverage Type (medical or prescription)</u>	<u>Covered Person(s)</u>	<u>Retiree (R) Spouse(S)</u>	<u>MONTHLY Premium Paid</u>

**I certify that I/We have been enrolled in the above insurance plans which provide basic hospitalization, medical/surgical, and/or prescription coverage for the period indicated, and that I have paid the premiums as stated above. The amounts submitted are subject to annual auditing and do not include payments for coverage of Medicare Part B, Dental, Vision or other ineligible coverages.*

Print Name: _____

*Signature: _____ Date: _____

Forms may be submitted to Human Resources, along with supporting documentation, in any of the following ways (electronic submission recommended): 1) via email, as a pdf or legible photo attachment, to hroffice@lafayette.edu; 2) via fax to 610-330-5720; 3) via US Mail to Human Resources, 12 Markle Hall, Easton, PA 18042