

Retiree Medical Quarterly Premium Reimbursement Process

1. 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 and year 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/billing for each coverage
- Signature* and printed name of retiree, eligible spouse or designated party

2. 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>	

Enrolling in direct deposit is encouraged for faster and secure payment receipt. Please contact Human Resources at hroffice@lafayette.edu or 610-330-5060 if you would like to enroll in direct deposit.

3. Submission Options

You may request reimbursement for eligible 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: Lafayette College, Human Resources, 12 Markle Hall, Easton, PA 18042

4. Payment Options

You may receive your reimbursement payment via direct deposit or manual check. Direct deposit payments will be in your account the next business day while manual checks will be sent via US Mail.

A [direct deposit enrollment form](#) can be found on the Finance Forms page and sent to: Accounts Payable, Lafayette College, 030 Marquis 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.*