LAFAYETTE COLLEGE
MEDICAL INSURANCE PREMIUM REIMBURSEMENT FORM

Email, fax, or scan this form, along with a copy of the premium bills for the reimbursement requested, within 12 months of payment, to the Office of Human Resources. Premium bills must indicate the name of the subscriber, the amount of premium paid, and the period for which you were billed. Retroactive reimbursements are limited to 12 months.

Requests Received on or before: **	Will be processed for payment on or before:
January 15	January 31
April 15	April 30
July 15	July 31
October 15	October 31

***requests received after the quarterly submission deadline will be held and processed with the next quarter's payments*

HR OFFICE USE ONLY:

NAME:

L#:

MONTH:

AMOUNT:

FOPL: 100100 92299 691140 77

APPROVAL:

DATE:

RETIREE Monthly Premiums Paid/Requested

Insurance Company / Plan Name:

___2025 ___2026	Medical $	Part D (Rx) $	___2025 ___2026	Medical $	Part D $	___2025 ___2026	Medical $	Part D $
January			May			September		
February			June			October		
March			July			November		
April			August			December		

SPOUSE Monthly Premiums Paid/Requested

Insurance Company / Plan Name:

___2025 ___2026	Medical $	Part D (Rx) $	___2025 ___2026	Medical $	Part D $	___2025 ___2026	Medical $	Part D $
January			May			September		
February			June			October		
March			July			November		
April			August			December		

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 within the past 12 months. The amounts submitted and supporting documentation 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 and required proof of insurance and payment may be submitted to Human Resources via the following:

1) *email document or photo of document to hroffice@lafayette.edu*

2) *fax to 610-330-5720*

3) *mail to Human Resources, c/o Retiree Reimbursements, 012 Markle Hall, Easton, PA 18042*

Updated 1/1/2026

Updated January 1, 2026

HEALTH INSURANCE PREMIUM REIMBURSEMENT OPTION

Retiree Medical Premium Reimbursement Program

1. Reimbursement Eligible Expenses
   Post-65 eligible retirees electing to participate in the Premium Reimbursement option must notify the Office of Human Resources to enroll and must purchase their own health coverage. The College will reimburse retiree payments for health coverage up to an annually specified amount under the premium reimbursement arrangement, which includes reimbursement to the retiree and/or eligible spouse for supplemental medical and Part D/Rx. Some types of coverage (e.g., Medicare Part B, Dental, Vision, etc.) are not eligible for reimbursement. Reimbursement requests must include a signed premium reimbursement form with payment itemization and evidence of payment for eligible expenses paid within the preceding 12 months. **Retroactive reimbursements are limited to 12 months.**

2. Reimbursement Requests
   Reimbursement request forms can be obtained online at https://hr.lafayette.edu/forms/#retirees or from the Office of Human Resources. This form and proper documentation are required for payments to be processed and must include:
   - The months and year(s) for which payment is requested
   - Itemization of all reimbursement amounts requested, including:
     - Type of coverage (medical and/or Part D/Rx)
     - 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

3. Submission Options
   Reimbursement request forms may be submitted to Human Resources, along with the supporting payment documentation explained above, in any of the following ways:
   - Recommended: Email, as a PDF or photo attachment, to: hroffice@lafayette.edu
   - Fax to: 610-330-5720
   - Mail to: Lafayette College, Human Resources, Attn: Retiree Reimbursement, 012 Markle Hall, Easton, PA 18042

4. Submission Deadlines
   Reimbursement payments are processed every 3 months. Reimbursement requests received by the 15th of January, April, July, and October will be processed for payment on or before the last day of those months. Requests received after the 15th of those months will be paid the following quarter.

5. Payment Options
   Reimbursement payments will be made via direct deposit or manual check. Direct deposit payments will typically appear in personal accounts the next business day, while manual checks will be sent via U.S. Mail and may take up to 7 days or longer for delivery.

   For those interested in setting up direct deposit, a direct deposit enrollment form can be obtained on the Finance Forms page and sent to: Accounts Payable, Lafayette College, 030 Marquis Hall, Easton, PA 18042, or accountspayable@lafayette.edu.

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