



# Redlands Unified School District

## MEDICAL REIMBURSEMENT ELECTION FOR MARRIED COUPLES Reimbursement Form

- 1 The receipt must detail the date of service, provider, services rendered, and family member's name.
- 2 Prescription claims must include prescription receipt, date of service, and the family member's name. The cash register receipt is not acceptable.
- 3 Credit card receipts are not acceptable.
- 4 Per RTA and RESPA Association agreements, articles 7.14.4.3 and 7.16.4.3 respectively, "... *The employee shall provide receipts for reimbursement **within 30 days of incurring the expense**. This benefit shall not accumulate from year to year...*"
- 5 The check will be made payable to the primary insured.

**(PLEASE FILL OUT COMPLETELY)**

FILL  
OUT

			Contact Number
<b>Primary Insured</b>			
<b>Spouse Name</b>			
Amount	Date of Service	Provider Name	Comments
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$	<b>TOTAL REIMBURSEMENT REQUEST</b>		
Employee Certification	I certify that these expenses for which I will receive reimbursement has been incurred by me and/or my eligible dependents <b>on the medical plan</b> and are not, and will not be payable by any other plan and will not be deducted on my federal, state, and or local income tax return		
	Employee Signature		Date