PCCD Medical Expense Reimbursement Form

For Eligible Kaiser Expenses

Complete and return this form to The Benefits Office; Peralta Community College District, 333 East 8th St., Oakland, CA 94606

First Name _____ **Last Name** _____ **SSN** _____

Home Address_____ **Year of Rtmt/or NA**_____

City_____ State _____ Zip _____ Phone _____

Name of active or retired employee:

Status

Circle One: Retired Active

Peralta Affiliation

Circle One: Employee/Retiree Spouse/Dependent of employee or retiree

Union Affiliation

Circle One: 39 790 PFT Not Applicable

Eligibility Criteria

Use this form if you meet the following criteria:

You are a pre-July 1, 2004 retiree and have paid more than $1 for your office co-pays or prescriptions

You are an active member of of PFT,790, 39 and have paid more than $5 for mail order prescriptions

Guidelines

*****Use one form for each dependent** *****Reproduce form as necessary**

*****Attach receipts**

**If you are a pre-July 1, 2004 retiree and have paid more than $1 for prescriptions and office copays, then the District will reimburse your eligible expense, less $1 for each prescription and/or office visit.

**If you are an active member of Collective Bargaining Agreements 30, 790 and PFT, then the District will reimburse your expense less $5 for each mail order expense incurred by you and your eligible dependents. This agreement is in effect through June 30, 2007.

Frequency

Reimbursements are processed semi-annually. All requests received by June 30, will be processed in July
Reimbursement requests received on or after July 1, will be processed the following January.

	Indicate Service Type (Office Visit, Mail Order Prescription)	Date of Service	Attach receipt	Your expense	To be completed by Benefits Office	Amount to Reimburse
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
			Total	**$**		

Date Received in PCCD

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Name_____

	Indicate Service Type?	Date of Service	Attach receipt	Your expense	To be completed by Benefits Office Amount to Reimburse	
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						
21)						
22)						
23)						
24)						
25)						
26)						
27)						
28)						
29)						
30)						
			Total Cost/This Page			**$**