



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 ➔	Primary Insured	Spouse Name	Contact Number	
	Amount	Date of Service	Provider Name	Comments
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$	TOTAL REIMBURSEMENT REQUEST		
Employee Certification	I certify that these expenses for which I will receive reimbursement has been incurred by me and/or my eligible dependents on the medical plan 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 _____	