

**APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES
UNDER THE VILLAGE OF BELGIUM POLICY**

For Service Dates 01/01/13 through 12/31/13:

The Village has a \$2,000.00 in-network deductible per person up to three deductibles per family. The plan also has an out-of-network deductible of \$4,000.00 for up to three members per family. A member will be eligible for reimbursement after they have satisfied the first \$625.00 per person of deductible. The Village will reimburse up to a combined maximum of \$1,375.00 per person; maximum \$2,750.00 per family for in-network and out-of-network deductibles.

Name of Eligible Person: _____

Check One: Employee Spouse Dependent

Amount of reimbursement requested: _____

By signing this form, I certify that the amounts listed are correct and are expenses that represent qualified reimbursable expenses. I will not claim these items on my personal income tax return for medical itemization. I also certify that the expenses have been incurred (having dates of service) during the timeframe required by the reimbursement plan. I will also provide documents necessary to support the amounts requested for reimbursement.

Explanation of Benefits (EOB) from the insurance company must accompany this form.

Date

Signature of Employee

Village Clerk/Village Treasurer

Finance and Personnel Committee