Ashe County Schools PO Box 604—320 South Street Jefferson, North Carolina 28640

CLAIM FOR REIMBURSEMENT: Dental/Medical Benefits

The Ashe County Board of Education will reimburse each eligible (permanent full-time) employee a maximum of \$350 for dental/medical expenses during the fiscal year July 1-June 30. Dental/medical services for the employee and/or the employee's spouse/dependent children may be included in the reimbursement request. Upon accumulation of RECEIPTS FOR PAYMENT of at least \$350 for services, the employee may submit the completed claim form to the <u>Finance Officer</u> and reimbursement will be paid within the following month. For services totaling less than \$350 for the fiscal year, reimbursement will be made upon request submitted at the end of the year. There will be one reimbursement per year per employee with no carry-over to the following year.

STATEMENT TO BE COMPLETED BY EMPLOYEE

| Employee Name | SSN | |
|--|---|-----------------|
| Address | | |
| Position | Home Phone | |
| School | School Year | |
| | SPOUSE DEPENDENT CHILD Service may be dentist, doctor, hospital, medical clinic, | pharmacy, etc |
| Receipts(s) must be attached. Cancelled check PLEASE NOTE: Statement of charges and EC | s, copied front and back, will be accepted if receipt canr OBs cannot be accepted. | not be obtained |
| Employee Signature Date | Total Request | |