

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 Finance Officer 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.

If an employee is hired or leaves during the fiscal year, the dental/medical reimbursement is subject to be prorated based upon the month of hire/resignation/retirement for the employee.

**STATEMENT TO BE COMPLETED BY EMPLOYEE**

**Employee Name** \_\_\_\_\_ **Last Four of SSN** \_\_\_\_\_

**Address**

\_\_\_\_\_

**Position** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**School** \_\_\_\_\_

**School Year** \_\_\_\_\_

Relationship (Check all that apply.)    ☐ SELF    ☐ SPOUSE    ☐ DEPENDENT    ☐ CHILD

Name and Address of Provider(s). Provider of service may be dentist, doctor, hospital, medical clinic, pharmacy, etc.

\_\_\_\_\_

Receipts(s) must be attached. Cancelled checks, copied front and back, will be accepted if receipt cannot be obtained.  
PLEASE NOTE: Statement of charges and EOBs cannot be accepted.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**Total Request** \_\_\_\_\_