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.

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

# Employee Signature Date