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RETIREE MEDICAL EXPENSE REIMBURSEMENT REQUEST

PART I: TO BE COMPLETED BY THE RETIREE

Name: _____ Date: _____

Address: _____

- 1. Please complete the unreimbursed medical expense detail report on the reverse side of this form. The following expenses incurred for your medical care may be submitted:
a. Medical insurance premiums;
b. Prescription drugs;
c. If you have health insurance, any medical expenses that apply toward the deductible requirement of such health insurance, and;
d. If you have health insurance, any medical expenses that are treated as coinsurance payments under such health insurance policy.

No reimbursement is allowed for Medical Care Expenses incurred for medical care for any person other than you, the retiree. In addition, you are not entitled to reimbursement under the plan for any Medical Care Expenses that may be paid or reimbursed by any other source.

2. Instructions:

- a. For medical expense claims that were submitted to a medical plan or an insurance company but not paid or paid in full by that carrier, attach originals or legible photocopies of other insurance carrier claims and/or payment forms (explanation of benefits forms) to establish amounts not covered under the medical plan.
b. For all other reimbursable expenses, originals or legible photocopies of all bills must be attached which show who (name and address) rendered the service, reason for charge and date and amount of charge. Receipts should be printed on provider's official receipt form or stationery and include the medical diagnosis code. Canceled checks alone are not acceptable as receipts.

3. Total amount requested for reimbursement: _____
(Insert total from unreimbursed medical expense detail report on reverse side of this form)

Only one check will be issued per month payable to the retiree.

I certify that all items requested for reimbursement comply with The Cary Institute of Ecosystem Studies Retiree Medical Reimbursement Plan and such items have not and will not be covered by any other plan or program of any employer or other person. The Cary Institute of Ecosystem Studies does not accept responsibility for direct payment to any individuals other than the retiree.

Retiree Signature: _____ Date: _____

PART II: TO BE COMPLETED BY HUMAN RESOURCES

APPROVED: _____ NOT APPROVED: _____

SIGNATURE: _____ DATE: _____