

Employee Name: _____

Building: _____

REQUEST FOR REIMBURSEMENT OF PRESCRIPTION EXPENSES

TKEA AND TKESP

The staff member shall be responsible for the first \$200.00 (full family) out-of-pocket prescription drug expenditures. When the aforementioned deductible is met, the staff member shall provide pharmacy statements or copies of receipts (names of drugs may be retracted for privacy reason) establishing the out-of-pocket expenditure.

Thereafter, the District agrees to reimburse staff members for all out of pocket expenditures.

Reimbursement shall occur on the following schedule.

Receipts submitted by:

November 30

February 28

May 30

August 30

Reimbursement paid by:

December 30

March 30

June 30

September 30

The District **shall not** pay retroactively for receipts submitted after October 1 for expenses incurred for the previous contractual year. The contractual year, for prescription drug deductible purposes, shall be September 1 – August 30.

If you are a MESSA participant and wish to submit a request for reimbursement:

I certify, by my signature, that my request for reimbursement was for prescription drug(s) purchased for use by me or my spouse or dependent(s) and this expense has not been submitted under any other plan, such as Flexible Spending, or spouse's insurance policy. I also certify that I have met the requirements of the \$200.00 out-of-pocket costs for the 10-11 school year.

Employee's Signature: _____

Date: _____

Complete the reimbursement form, providing all requested information and attachments, and forward to **Barb VerHoef** at the Administration Building.

