PCCD Medical Expense Reimbursement Form
For Eligible Kaiser Expenses

Complete and return this form to the Benefits Office: Peralta Community College District, 333 East 8th St., Oakland, CA 94606

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>SSN</th>
<th>Home Address</th>
<th>Year of Ret/NA</th>
</tr>
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Name of active or retired employee: ____________________________

Is there an address change? ☐ Yes ☐ No

Is this your first reimbursement? ☐ Yes ☐ No

**Status**
Circle One: Retired  Active

**Peralta Affiliation**
Circle One: Employee/Retiree  Spouse/Dependent of employee or retiree

**Union Affiliation**
Circle One: 39  1021  PFT  Confidential  Management  Trustee

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**Eligibility Criteria**
Use this form if you meet the following criteria:
- You are a pre-July 1, 2004 retiree and have paid more than $1 for your office co-pays or prescriptions
- You are an active LU 1021, PFT, Confidential, Management employee, or Trustee at the time of service and paid more than $5 for mail order prescriptions
- You are an active LU 39 employee/retiree post 7/1/12 at the time of service and paid more than $30 for brand name formulary mail order prescriptions
- You are submitting expenses incurred within 12 months of the date of service

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**Guidelines**

*** Use one form for each dependent
*** Attach receipts
*** Reproduce form as necessary

**RETIREED EMPLOYEES:**

Pre July 1, 2004 retirees
** If you are a pre-July 1, 2004 retiree and have paid more than $1 for prescriptions and office co-pays, then the District will reimburse your eligible expenses, less $1 for each prescription and/or office visit.

Post July 1, 2004 retirees
** If you are a Confidential, Management or Trustee member, or an active member of Collective Bargaining Agreements 1021, local 39 or PFT then the District will reimburse your expense less $5 for each mail order expense incurred by you and your eligible dependents.

Post July 1, 2012 retirees
** If you are an retired member Collective Bargaining Agreement 39, then the District will reimburse only your expense less $30 for each brand name formulary mail order expense incurred by you and your eligible dependents.

**ACTIVE EMPLOYEES:**

**Effective July 1, 2004, if you are a Confidential, Management or Trustee member, or an active member of Collective Bargaining Agreements 1021, or PFT then the District will reimburse your expense less $5 for each mail order expense incurred by you and your eligible dependents.

**Effective July 1, 2012, if you are an active or retired member of Collective Bargaining Agreement 39, then the District will reimburse only your expense less $30 for each brand name formulary mail order expense incurred by you and your eligible dependents.

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**Frequency**
Reimbursements are processed semi-annually. All requests received by June 30, will be processed in July. Reimbursement requests received on or after July 1, will be processed the following January.

Rev. 8/9/2013
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Name ____________________________________________________________

Indicate Service Type (Office Visit, Mail Order Prescription) | Date of Service | Receipt Attached? | Your Expense | Amount to Reimburse
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1) | | | | |
2) | | | | |
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29) | | | | |
30) | | | | |

Total Cost/This Page $________________________________________

Signature Line – “I am claiming reimbursement for the above-referenced prescription expenses.”

Date

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