



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

First Name _____ Last Name _____ SSN _____
 Home Address _____ Year of Rtmt/or NA _____
 City _____ State _____ Zip _____ Phone _____
 Email of individual claiming reimbursement: _____
 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

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

Requests must be accompanied by a receipt which Claims are considered "incurred" on the date that the service was provided.

Guidelines

*** All forms must be signed and dated on the reverse

*** Use one form for each dependent

*** Reproduce form as necessary

*** Attach original receipts only (no Kaiser drug summary sheets accepted)

RETIRED 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.

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.



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Name _____

To be completed by
Benefits Office

	Indicate Service Type (Office Visit, Mail Order Prescription)	Date of Service	Receipt Attached?	Your Expense		Amount to Reimburse
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						
19)						
20)						
Total Cost/This Page						\$

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

Date

For internal use only

- Active academic instructional 3411590
- Active academic non instructional 3411679
- Active classified instructional 3421590
- Active classified non instructional 34216799
- Retired academic instructional 391215900
- Retired academic non instructional 391216799
- Retired classified instructional 392251590
- Retired classified non instructional 392216799

Affiliated with retiree or active employee name _____ EID: _____