

Southeastern Louisiana University
Cafeteria Plan

Medical Reimbursement Claim Form

Employee Name (Last, First, MI)

Department

Emplid#

Date

Before submitting a claim for medical reimbursement, first submit all claims to your group health plan (HMO or indemnity plan). After your health insurance has paid all covered expenses, you can file a claim only for those qualified medical expenses not covered by your health insurance.

Remember to qualify for Medical Reimbursement; an expense must meet the following conditions:

1. **The expense must be for a qualified medical expense,**
2. **the expense must be for you or a qualified dependent,**
3. **the expense must occur during the Plan year, and**
4. **the expense must be paid in the plan year which runs from January 1st – December 31st.**

You must show that each expense meets each of these requirements. Failure to show any of this information will delay the processing of your claim, so be sure to include all necessary information and documentation when filing your claim.

To submit a claim, complete the attached table. Be sure and list all of the requested information on the form. Incomplete forms cannot be processed for reimbursement. Attach all receipts or statements from medical care providers to this form and return it to the Cafeteria Plan Administrator in the Payroll Office, North Campus-Building A (Financial Aid) room 105. Completed forms can also be mailed to the Payroll Office, Box 10720 or Payroll Office, SLU 10720, Hammond, LA 70402. The Cafeteria Plan Administrator can be reached at (985)549-2305 or email klobell@selu.edu

To the best of my knowledge, the reimbursement claims entered here are complete and true. I am claiming reimbursement only for qualified medical expenses incurred during the Plan year for myself or my qualified dependent(s). I certify that these expenses have not been reimbursed by any other benefit plan and will not be claimed as an income tax deduction.

Signature

Date

For Office Use Only:

Process Date:

Approval

Receiver of Care – The name of the person that the care was for.

Expense Type – A brief description of the type of care being claimed. Example – “Prescription Drugs.”

Care Provider – The name of the individual or company providing the medical care.