

REIMBURSEMENT CLAIM FOR P/T FACULTY DENTAL

4.2 (e) Dental Coverage. Effective July 1, 2021, unit members who qualify for health care coverage in 4.2 above shall qualify for a reimbursement of up to \$800 per fiscal year for a single subscriber, or \$1,200 per fiscal year for a subscriber plus one (up to \$800 per individual and a maximum of \$1,200 total for the subscriber and subscriber plus one per fiscal year), based on submission to the District of an itemized invoice from a dentist outlining the services provided, submitted within 30 calendar days of the end of the fiscal year. The District shall reimburse the unit member within 30 days of receipt of a verified itemized invoice. To qualify as a “plus one” for dental reimbursement, an individual must be eligible to be a “plus one” on the unit member’s health care plan (whether or not the unit member has a medical plan and whether or not the individual is the plus one on that plan) and an employee may only identify one individual to be a “plus one” per fiscal year. Effective July 1, 2021, the maximum total dental reimbursement shall not exceed twenty-five thousand dollars (\$25,000) per fiscal year.

DATE: _____

NAME: _____ M00 _____
(printed)

PHONE NUMBER: _____

UNITS TAUGHT: FALL SEMESTER _____ SPRING SEMESTER _____
(minimum of 6 units)

DATE OF DENTAL VISIT: _____

PATIENT: _____

CLAIM AMOUNT: \$ _____ \$ _____ \$ _____ \$ _____

TOTAL THIS REIMBURSEMENT: \$ _____

(employee signature)

FISCAL SERVICE USE ONLY

CHARGE ACCOUNT NUMBER: 61100-37201-54500-000000

APPROVAL: _____