

## Medical Waiver Reimbursement Plan

**2013-2014**

You have elected not to participate in the basic medical coverage offered to you as an employee of Albright College. The alternative you have selected allows you to submit for payment those eligible expenses not covered by your other insurance carriers up to an amount not to exceed \$1500.00 per fiscal year. **This plan covers only the employee and does not include reimbursement for dental and vision expenses.** Please fill in the information below so that this plan can be activated.

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Social Security Number: \_\_\_\_-\_\_-\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

*Please fill in the following information regarding your Insurance Coverage or simply attach a copy of your medical card.*

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective April 2004, the college complied with the privacy section of the Health Insurance Portability and Accountability Act (HIPAA). All claims (PHI) information submitted will continue to be retained solely in the Office of Human Resources and will remain confidential.