



HOUSE STAFF BENEFITS PLAN

520 EIGHTH AVENUE, SUITE 1200, NEW YORK, NY 10018-4181

Phone: (212) 356-8180

Fax: (212) 356-8181

benefits@cirseiu.org

http://www.cirseiu.org

CONFERENCE EXPENSE REIMBURSEMENT FORM

The plan reimburses:

1. House Staff Officers a maximum reimbursement of \$1500.00 for attendance at a medical conference or conferences once during their basic residency.
2. Fellows a maximum reimbursement of \$1500 for attendance at a medical conference or conferences in each fellowship year.
3. This benefit is also available to residents who are serving as chief residents for a one year period AFTER the completion of their residencies. Please note: Senior residents who have primary clinical responsibilities who are also chief residents ARE NOT ELIGIBLE FOR THIS BENEFIT.

Maximum reimbursement allowed: Effective May 1, 2010 for HHC & Westchester Medical Center up to \$1,500 (see above Eligibility).

Claim Submission Rules:

- Original receipts must be attached. Copies of receipts will not be accepted as proof of expense. Submit one form per conference. Attach receipts for expenses only up to the maximum reimbursable limit.
- Reimbursement for meals, travel and lodging will not be reimbursed without proof of registration and attendance at conference.
- Conference program or agenda must also be attached. Copy acceptable.
- Approval as to the relatedness of the conference must be secured from your Chairperson. Where approval is denied, written appeal may be made by the House Staff Officer to the House Staff Benefits Plan Trustees.
- All claims must be submitted to our office at the above-mentioned address within one year from the date of conference. Claims submitted after one year will be denied.

SECTION A: Please complete the following:

Participant's Name: _____ Social Security No.: _____
(Last Name) (First Name)

Home Address: _____

(City) (State) (Zip code)

Contact phone number: _____ Type (home, mobile, etc.) _____

E-mail address: _____

Hospital where employed: _____ PGY Level: _____ Dept. _____

Check one: Final Year Chief Resident Fellow

Title of Conference: _____ GME Credits: _____

Date of Conference: From _____ to _____

Location of Conference: Facility _____ City _____ State _____

