

HOUSE STAFF BENEFITS PLAN

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

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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.

<u>Maximum reimbursement allowed:</u> 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 <u>not</u> be accepted as proof of expense.
 Submit one form per conference. Attach receipts for expenses <u>only</u> 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: (Last Name) (First Name)		Social Security No.:		
Home Address:				
(City)	(State)	(Zip code)		
Contact phone number:	Type (home, mobi	le, etc.)		
E-mail address:				
Hospital where employed:	PGY Level:	Dept		
Check one: Final Year Chi	ef Resident Fellow			
Title of Conference:	GM	E Credits:	-	
Date of Conference: From	to	_		
Location of Conference: Facility		City	State	

(IMPORTANT: See page 2 for Section B) CONFERENCE EXPENSE REIMBURSEMENT FORM

SECTION B: Please complete the following:					
Check Documents Attach	ed: Registration/Receipt	Program/Agenda			
	Proof of Attendance	☐ Identification Badge			
Expenses: (List amounts only for those expenses with receipts attached)					
\$ Regi	Registration/Tuition				
\$ Lodg	Lodging (Hotel:)				
\$ Meals: For conferences away from home, receipts are not required for a maximum					
\$ Trav	of \$5 for breakfast, \$10 for lunch and \$15 for dinner each day. Travel (i.e.: plane, cabs, etc.)				
\$ Tolls	_ Tolls, Gas				
\$ Tele	Telephone				
\$ Othe	r, specify	<u> </u>			
Total of receipts: \$	Maximum	reimbursement: \$			
Have you submitted for conference reimbursement any other time this PGY year?					
If yes, date submitted: Amount: \$					
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I attended the conference named above and made the expenditures listed above.					
Resident's Signature: Date:					
I approve this conference as being related to professional training.					
Chairperson's Name:					
Chairnerson's Signature		Date: Dept.:			