

**Health Insurance Subsidy
Reimbursement Request**

Board of Governors of the
Federal Reserve System

EMPLOYEE INFORMATION (please print legibly)

Employee's Name (Last, First, MI)

Social Security Number

Daytime Telephone Number

Domestic Partner's Name (Last, First, MI)

SSN

Provide the following information on each dependent child of the domestic partner that is covered by this request:

	Child's Full Name	SSN	Date of Birth
Child #1			
Child #2			
Child #3			
Child #4			

Name, address and telephone number of Domestic Partner's Employer

Reimbursement requested in the amount of:

Period premium payment covers:

\$ _____ (total premium paid)

From: _____ To: _____

Must attach a copy of the health insurance premium statement/invoice reflecting the type of coverage and the period the payment covers. Also, evidence of payment (i.e., a copy of the cancelled check (back & front), a paid receipt, etc.) must accompany the statement/invoice.

EMPLOYEE CERTIFICATION (please read, sign and date)

- I certify that I have paid the premium for the period I am seeking reimbursement.
- I certify that neither my partner, nor my partner's child(ren) are eligible for health insurance coverage under any employer-sponsored health benefits program.
- I understand that should my partner or my partner's child(ren) become eligible for health insurance coverage under an employer-sponsored health benefits program, I must notify the FRB immediately and my entitlement for the FRB health insurance subsidy will cease.
- I understand that any reimbursement under the FRB Health Insurance Subsidy program is subject to tax withholding.
- I certify that the information on this form is true and accurate to the best of my knowledge.

Employee Signature

Date

BENEFITS USE ONLY

This request has been: Approved in the amount of \$ _____ - OR - Denied because:

Reason for denial: _____

Reimbursement date:

Quarter date 1st 2nd 3rd 4th

PP eff date _____

Benefits Signature

Date

Submit form to Benefits, Mail-Stop 146 or fax to (202) 721-4597