University of Pittsburgh

Defined Dollar Benefit Reimbursement Request Form

1. Participant Information (Please print or type all information)

_____ _____
Participant Last Name, First, Middle Member Id

_____
Street Address, City, State, Zip

Is this a new address since your last request for disbursement? Yes ☐ No ☐

2. Expenses

I request reimbursement of the following expenses for premiums paid for retiree medical coverage:

Insurance Company	Coverage Period	Total Premium Paid	Amount to be Reimbursed
_____	_____/_____/_____ TO:_____/_____/_____	$_____	$_____

TOTAL SUBMITTED FOR DDB REIMBURSEMENT: $_____

NOTE: Documentation required is a copy of the insurance company invoice and this completed and signed claim form. The copy of the invoice from the insurance company must include the period for which you are paying, the amount of the premium, the name of the insurance company, the type of policy, and the covered participants.

3. Participant Signature (Please sign this form and provide a phone number where you can be reached)

The information furnished by me in support of this application for reimbursement is true and correct to the best of my knowledge.

I understand that the expenses submitted for reimbursement must qualify under the provisions of the plan. I further understand that should I be reimbursed more than I am entitled, I will take responsibility for returning any and all reimbursements resulting from an error, change in coverage, or other family status change.

I hereby authorize any individual or organization to release any information requested by UPMC Benefit Management Services with respect to this specific request.

_____ (____) _____ _____/_____/_____
Participant Signature Phone Number Date

MAIL COMPLETED FORM AND DOCUMENTATION TO:

UPMC Benefit Management Services
339 Sixth Street
Heinz 57 Center
9th floor - HFS 010901
Pittsburgh, PA 15222

The University of Pittsburgh Retiree Benefit Service Center Hotline: 888-499-6885.