University of Pittsburgh | Office of Human Resources

Benefits Department
320 Craig Hall
200 S. Craig Street, Pittsburgh, PA 15260
Phone: 833-852-2210
Contact Us: hr.pitt.edu/contact-ohr

Defined Dollar Benefit Reimbursement Request Form

1. Participant Information *(please print or type all information)*

Name (Last, First, M.I.) *Member ID*

Address *City* *State* *Zip Code*

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 Avenue
Heinz 57 Center
9th Floor - HFS 010901
Pittsburgh, PA 15222

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