



- Staff are reimbursed in July
- Faculty are reimbursed in October

Employee Name \_\_\_\_\_

School/Office \_\_\_\_\_

Position:  Admin.  Faculty  Staff  Wages

Engagement Date \_\_\_\_\_

**Kindly reimburse me for the following:**

**Medical insurance**

Period Covered: From \_\_\_\_\_ To \_\_\_\_\_

Amount Requested \_\_\_\_\_

Description or Remarks \_\_\_\_\_  Spouse is self-employed

Children covered are under 21 years of age

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Human Resources Use Only**

Statement of Employment for Spouse *(if applicable)*

Original Receipts

Insurance Policy

Maximum Amount as per plan \_\_\_\_\_

Amount Approved \_\_\_\_\_

***HIP – 2<sup>nd</sup> Class Rate***

Family Status	Annual IC Contribution
Single	897,039
Man & Wife	1,796,477
Man & Wife+1 Child	2,244,996
Man & Wife+2 Children	2,693,516
Man & Wife+3 Children	3,142,035
Man & Wife+4 Children	3,592,953
Spouse & 1 Child	1,347,957
Spouse & 2 Children	1,796,477
Spouse & 3 Children	2,244,996
Spouse & 4 Children	2,693,516

Remarks \_\_\_\_\_

HR Director \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_