



## How to submit the Medical Monitoring Cost-Reimbursement Request Form

### Step 1

Complete and save the form.

### Step 2

Request a secure form upload link by emailing the PEBT at [llofthaug.pebt@cupe.ca](mailto:llofthaug.pebt@cupe.ca) with 'Medical Monitoring' in the subject of your email.

**To protect the Member's privacy, please do not email the form.**

### Step 3

Click the secure link and upload the following:

- the completed form
- a scan or picture of the medical monitoring payment receipt(s)

## Medical Monitoring Cost-Reimbursement Request Form

Standard Reimbursement: One-third of the annual medical monitoring costs up to a maximum of \$2,500 per eligible PEBT Support Staff Member per calendar year. ***Reimbursement will not be provided if receipts are submitted more than 90 days following the end of the calendar year in which the expense was incurred.***

Member Information		
Member name:	Employee #:	School District #:
Date of Birth (yyyy/mm/dd):	Address:	
Effective date of LTD coverage (yyyy/mm/dd):		
Expense Information		
Date of Expense	Expense Incurred By	Expense Amount
Total		\$



If requesting more than the standard reimbursement amount, please provide detailed reasons for consideration.

**Claims Submitted By:**

Name	Phone#	<input type="checkbox"/> School District <input type="checkbox"/> Union <input type="checkbox"/> Member <input type="checkbox"/> Other (please specify)
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