



PUBLIC EDUCATION BENEFITS TRUST

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 lofthaug.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.

Form with sections: Member Information (Member name, Date of Birth, Effective date of LTD coverage, Employee #, Address, School District #) and Expense Information (table with columns: Date of Expense, Expense Incurred By, Expense Amount, Total \$).



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

Claims Submitted By:

Name	Phone#	School District Member	Union Other (please specify)
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