



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 lori.lofthaug@pebt.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: Two-thirds the annual medical monitoring costs up to a maximum of \$9,000 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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