## **Insurance Deductible Authorization**

As part of an agreement involving the change of insurance effective 8-1-08 the Huron Board of Education and the PEA entered into an agreement to reimburse members who have incurred out of pocket expenses above the old plan deductible but less than the new deductible. This agreement expires December 31, 2008 when the deductible amount is reset for the coming year.

If you have additional insurance coverage through your spouse and this or any portion of the deductible amount is covered by a coordination of benefits with another insurance company and are not actual out of pocket costs, the Board cannot refund that portion to you. It is considered falsification of records if you intentionally receive reimbursement which is not due you. And, such an offense could result in your immediate termination along with possible criminal charges for Theft in Office.

Please <u>check</u> the appropriate blank below, <u>sign</u> the certification and <u>return</u> this form along with all other required documentation to the Treasurer's office in order to obtain your reimbursement. We will refund your out of pocket costs upon receipt of all documentation. Please note that we must receive this form and all documentation prior to our processing your refund.

INSURANCE DEDUCTIBLE REFUND AUTHORIZATION Calendar Year 2008,

Name:
Date

Amount Requested for Reimbursement \$

1. \_\_\_\_\_ I have no other insurance coverage with a coordination of benefits. The Deductible Amount of \$ was an actual out of pocket expenditure and should be refunded to me.

2. \_\_\_\_ My coordination of benefits paid \$\_\_\_\_\_ of my deductible amount shown above and this amount should not be included in my refund. My refund should amount to \$\_\_\_\_\_.

I acknowledge the above to be true and accurate. I further acknowledge that I have read the above statements with regard to falsification of records and possible consequences of said actions.

Signed