

CALIFORNIA INSTITUTE OF TECHNOLOGY

DEAN OF GRADUATE STUDIES OFFICE

Instructions for Submitting Requests for Reimbursement under the Special Needs Allowance

Students in good standing are eligible for reimbursement of out-of-pocket medical premium expenses for dependents of up to \$100/month per eligible dependent, which have not been covered by any other means

To Submit a Request for Reimbursement:

1. Complete the Request for Reimbursement form.
2. Submit proof of payment for your medical premium – for example, a **canceled check, paycheck stub, bank statement, itemized bill, or Caltech bursar's bill** reflecting the carrier name, policy number, dates of coverage and individual(s) covered.
3. A request for reimbursement is typically processed at the end of each quarter, however, they can be processed annually or monthly if preferred. The maximum reimbursement is limited to the lesser of the maximum reimbursement amount of \$100 per month or your monthly out-of-pocket premium payment.
4. Reimbursements are not assignable and can only be payable to the student, not the insurance company.
5. Reimbursements will be processed through the payroll system and will be paid at the next available payroll period as a miscellaneous payment. These reimbursements are subject to income tax and Caltech will withhold taxes from the total reimbursable amount.
6. Return each request for reimbursement with proof of payment to: MC 230-87; Room 230 Center for Student Services; gradofc@caltech.edu; or FAX (626) 577-9246.

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REQUEST FOR REIMBURSEMENT UNDER SPECIAL NEEDS ALLOWANCE

Student Information (please print clearly)

Student Name (Last Name, First Name)

UID

Option

Home Address

City

State

Zip

Coverage Information

Carrier Name

Policy Number

Amount of Premium Reimbursement Requested \$ _____ *

Period of Coverage:

From: _____

To: _____

Dependent Name

Relationship to Student

Dependent Name

Relationship to Student

Dependent Name

Relationship to Student

Signature

Date

*The lesser of \$100.00 per month or the out of pocket expense.

GRADUATE OFFICE USE ONLY

Approved By: _____

Date: _____ Payroll Date: _____