

Lisa Maddox-Douglas, President
Janine Jones, 1st Vice President/Treasurer
President
Barbara Taylor, Sergeant- at- Arms



Abibat Hall, Executive Vice President
Robert Novack, 2nd Vice

Siaeng Roberts, Recording Secretary

PESU

July 1, 2024

Dear PESU Members,

The Delta Dental Trustees have combined the Optical and Medical Reimbursement for the calendar year of 2024. The Public Employees Supervisors' Union (PESU) members may submit a Reimbursement Application for dental, medical, optical and disability expenses incurred by the member or immediate family members.

The benefit period is **January 1, 2024 through December 31, 2024** for a maximum benefit payment of \$425.00. It is encouraged that you wait until you have accumulated this amount before submitting your reimbursement request.

The criteria for meeting such are listed below:

- Active member in good standing upon reimbursement commencement (**July 1, 2024**)
- Did **NOT** receive a CWA reimbursement, dental, medical, optical and disability expenses) during the reimbursement and/or eligibility period.
 - *Must present original paystub and/or itemized bill for abovementioned equal to or greater than the medical/optical reimbursement amount if member is on spouse's insurance, the itemized bill must reflect the PESU member or immediate family member's name.*
 - *Reimbursement requests for abovementioned expenses paid by an immediate family member (i.e. spouse) on behalf of PESU Member: must provide proof of such billing and /or paid expense. Acceptable proof shall include an itemized bill, paystub and/or other documentation supporting eligibility for claimed expense. If due to extenuating circumstances the above cited documentation is unavailable an attestation letter regarding such may be submitted for review.*
 - *Applications must be received by the 1st Vice President/Treasurer no later than January 15, 2025. Failure to comply will render one ineligible for 2024 medical/optical reimbursement.*

Please note: ***New members who are in good standing and possess a minimum of six months membership at the time of the request, may be eligible for half of the maximum payment.***

Application (hard copy) must be submitted to 1st Vice President/Treasurer, Janine Jones or Executive Vice President, Abibat Hall.

Most checks will be disbursed within 15 business days from date application was received.

Please contact your Shop Steward or Benefits Committee (Trustees) with questions.

Fraternally yours,

Trustees Benefit Committee

APPLICATION FOR MEDICAL/OPTICAL REIMBURSEMENT



Union Member's Name

Patient's Name

Date of Service

Relationship to Union Member
Eligible child: *Age 0-23yrs Dental*
Age 0-26 yrs Medical/Optical/Disability

Amount Paid for Service

Type of Service

I _____ am a good standing member of Public Employees Supervisors' Union

Union Member's Name

I have attached an original documentation (*Medical/ Optical/ Disability/ Dental*) for expenses not previously submitted and incurred within the eligible benefit period.

January 1, 2024 through December 31, 2024

I understand the plan provides reimbursement for PESU members and/or immediate family member residing within my household.

I further acknowledge this is a **one-time payment** and submitting a request less than \$425.00 will consent to balance forfeiture during the plan benefit year.

Signature of Member

Date

Signature of Exec Member

Date

DEADLINE FOR SUBMISSION IS JANUARY 15, 2025.