

CALIFORNIA INSTITUTE OF TECHNOLOGY

DEAN OF GRADUATE STUDIES OFFICE

Instructions for Submitting Requests for Reimbursement under the Special Needs Allowance

- You may submit requests for reimbursement for medical premiums provided that those expenses will not be reimbursed by any other means.

To Submit a Request for Reimbursement:

1. Complete all applicable items on the attached sheet.
2. Submit with this form, proof of your medical premium – include a copy of 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 accepted at the end of each quarter for the preceding three months. 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 you, not the insurance company.
5. Reimbursements will be processed through the payroll system and will be paid the following payroll period as a fellowship assignment. These reimbursements are subject to tax. Therefore if applicable, Caltech will be withholding taxes from the total amount and you will be required to report this as income when filing your tax return. You will receive a 1042-S form from the Payroll department at the end of the calendar year.
6. Return each request for reimbursement with proof of expense to:

California Institute of Technology
Graduate Office
Mail Code 230-87
Pasadena, CA 91125
(626) 395-6346

CALIFORNIA INSTITUTE OF TECHNOLOGY

DEAN OF GRADUATE STUDIES OFFICE

REQUEST FOR REIMBURSEMENT UNDER SPECIAL NEEDS ALLOWANCE

Student Information (please print clearly)

Student Name (Last Name, First Name)

Social Security Number

Date of Birth

Phone Number

Home Address

City

State

Zip

Coverage Information

Carrier Name

Policy Number

Amount of Premium Reimbursement Requested \$ _____ *

Period of Coverage:

From: _____

To: _____

Dependant Name

Relation to Student

Dependant Name

Relation to Student

Dependant Name

Relation to Student

Signature

Date

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

Attach the following documentation: copy of canceled check, paycheck stub, bank statement, or itemized bill

GRADUATE OFFICE USE ONLY

Approved By: _____

Date: _____ Payroll Date: _____