

Alternative Health Benefits Reimbursement Request  
For Skidmore College Employees



## How to Submit Your Reimbursement Request

1. This form may be used for well-being reimbursement requests only. The maximum \$300 credit is provided to each subscriber (contract holder). For example, a family of four on one plan contract would be eligible for one maximum reimbursement, per calendar year.
2. Reimbursement applies to the calendar year in which the service is provided. For example, if a service was paid for in December, but it was provided in January of the current calendar year, it will apply to the current calendar year's reimbursement.
3. All reimbursement forms must be received no later than one ovid96.0.038 Tw 0 rn Jr3 (v)-6.8 </Lang (eang (en/Lang (en-US)/MCID 90 >8.3TJ EMC C C C Mo2)-5.q.bP <<92h<</Langla