

Illinois State University Domestic Partner Health Insurance Premium Reimbursement Instructions

Reimbursement Form on Page 2

1. If you have not already done so, complete the *Statement of Domestic Partnership* which may be requested from the Office of Human Resources or printed from the web at: www.hr.ilstu.edu/DomesticPartner.
2. Compile three forms of documentation (as listed under #5 on the *Statement of Domestic Partnership*) and mail copies of those and an original *Statement of Domestic Partnership (if not already on file)* by November 1 to Tammy Carlson, Campus Box 1300, Normal, IL 61790-1300.
3. Complete a *Medical Premium Reimbursement Form*, which may be requested from the Office of Human Resources or printed from the web at: www.hr.ilstu.edu/DomesticPartner.
4. If reimbursement is requested for health insurance for children of your domestic partner, attach a photocopy of the child's birth certificate in order to show the relationship to your domestic partner.
5. Attach written documentation of medical insurance payment and coverage, showing dates of coverage and the names of all individuals covered. Refer to the *Medical Premium Reimbursement Form* for acceptable documentation.
6. Mail the completed *Medical Premium Reimbursement Form* and required documentation to Tammy Carlson as listed in #2 above. Forms requesting reimbursement for premiums covering July 1 – October 31, 2004 should be received by November 1 for timely processing.
7. *Medical Premium Reimbursement Forms* must be received by the first day of November, February, May, and August for inclusion in paychecks at the end of those months.
8. Because this is a taxable benefit, the reimbursement will be processed as additional pay through the payroll system. Taxes and other payroll withholdings will apply to this additional income.

