



City of Long Beach

C.S.E.A. ANNUAL REIMBURSEMENT FORM

In accordance with the City Council Resolution number 189/05, C.S.E.A. members who are insured through the City of Long Beach are entitled to be reimbursed annually. Please submit a completed form with all documentation to the Civil Service Office in City Hall Room 504. Attention: Colleen Silvia-Gallagher 516-705-7211

REIMBURSEMENT SCHEDULE

\$300

NAME: _____

ADDRESS: _____

DEPARTMENT: _____

DATE: _____

ARE YOU COVERED UNDER "THE EMPIRE PLAN"

YES NO

I AM SEEKING REIMBURSEMENT IN THE AMOUNT OF _____

SIGNATURE: _____ DATE: _____

IMPORTANT NOTE: IF YOU ARE SEEKING REIMBURSEMENT FOR PRESCRIPTIONS THE CITY REQUIRES A PRINT OUT FROM YOUR PHARMACY REFLECTING THAT YOU HAVE EXCEEDED THE \$200.00 THAT THE C.S.E.A. EMPLOYEE BENEFIT FUND REMBURSES.