

**Western Illinois University
Domestic Partner Health and Dental Premium Reimbursement Claim Form**

Employee Information (please print)

Name _____ / _____ / _____
Last First Middle Initial Social Security Number

Home Address _____
Street Apartment Employee ID #

_____ City State zip code Day Phone

Partner Information

Name _____
Last First Middle Initial Date of Birth

Name of Insurance Company or HMO Plan in which your partner is covered

Does your partner receive insurance benefits as an employee of the State of Illinois, Western Illinois University, another organization which participates in the Illinois State Employee Group Insurance Program, in a group medical plan, or from his/her employer? [] Yes [] No

Note: Domestic partners who are required to participate in the State of Illinois Group Insurance program as a full-time employee, or are provided insurance through his/her employer, or another group medical plan are not eligible for premium reimbursement.

Premium Information

Monthly health and dental premium paid by you or your partner. Future months of coverage will not be reimbursed.

Month _____ Amount \$ _____
Month _____ Amount \$ _____
Month _____ Amount \$ _____

So that we may process your claim as quickly as possible, please provide us with complete documentation-

- 1) proof of payment
- 2) proof of the cost for health and dental insurance (original premium notice from insurance company)

Attached is the following proof of payment for the entire period of reimbursement
[] canceled check [] other _____

Employee Authorization

I understand that providing false information on this form or fail to notify Human Resources in a timely basis of loss of eligibility for any of my dependents (including my domestic partner and any of his/her dependents) may result in disciplinary action up to and including termination of employment I agree that if either event occurs, the University may recover damages for all losses and reasonable attorney's fees incurred by the University to recover such damages.

Employee's Signature Date

*Return to:

Western Illinois University
Human Resources
Sherman Hall 105
Macomb IL 61455

**Forms must be received by Human Resources by the 1st of the month to be paid on the paycheck closest to the 1st of the following month:*

*November 1st-Paid December 1st
February 1st-Paid March 1st
May 1st-Paid June 1st
August 1st - Paid September 1st*