

MAINE SCHOOL ADMINISTRATIVE DISTRICT #49 DENTAL PLAN REIMBURSEMENT FORM

TEACHER SUPPORT STAFF ADMINISTRATOR TECH II/TECH III OTHER

EMPLOYEE NAME: _____ SSN _____

SCHOOL NAME/LOCATION: _____

CHECK: SELF SPOUSE CHILD(REN)

PATIENT NAME: _____ SSN _____

_____ SSN _____

BIRTHDATE OF CHILD: _____ AGE _____

_____ AGE _____

AMOUNT FOR ORTHODONTIC WORK ONLY: _____

TOTAL BILL: _____

AMOUNT PAID: _____

RECEIPT FROM DENTAL OFFICE AND/OR CANCELED CHECK MUST BE ATTACHED. THE SUPERINTENDENT MAY REQUIRE ADDITIONAL INFORMATION IF NEEDED.

ADMIN/TEACHER: FIRST \$200.00 (TEACHER) or \$150.00 (TECH II) REIMBURSED AT 100% FOR EACH COVERED TECH II/TECH III PERSON (CHILDREN UNDER 22 YEARS). REMAINING AMOUNT REIMBURSED AT 50%. MAXIMUM OF \$1800.00 IN BILLS CAN BE SUBMITTED PER FAMILY PER YEAR, ORTHODONTIC WORK MAXIMUM \$1000.00 PER PERSON REIMBURSED AT 50% (\$500.00 REIMBURSABLE) LIFETIME. THE FIRST \$200/\$150.00 PER PERSON AND ORTHODONTIC WORK IS INCLUDED IN THE \$1800.00 PER FAMILY PER YEAR.

SUPPORT STAFF: FIRST \$150.00 REIMBURSED AT 100% FOR EACH COVERED PERSON (CHILDREN UNDER 18 YEARS). REMAINING AMOUNT REIMBURSED AT 50%. MAXIMUM OF \$1500.00 IN BILLS CAN BE SUBMITTED PER FAMILY PER YEAR, ORTHODONTIC WORK MAXIMUM \$750.00 PER PERSON AT 50% (\$375.00 REIMBURSABLE) LIFETIME. THE FIRST \$150.00 PER PERSON AND ORTHODONTIC WORK IS INCLUDED IN THE \$1500.00 PER FAMILY PER YEAR.

**** PROVIDING FALSE OR INACCURATE INFORMATION MAY RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT

**** DENTAL CLAIMS MUST BE SUBMITTED WITHIN:

60 DAYS - TEACHERS, TECH II/TECH III, ADMINISTRATORS 30 DAYS - SUPPORT STAFF

EMPLOYEE SIGNATURE

DATE