WALWORTH AMBULANCE INC.
POLICY STATEMENT #09-01

HEALTH & WELFARE POLICY

PURPOSE:

It is in the best interests of the department that its members remain in good health and seek health care when necessary. In order to assist personnel with remaining healthy, members shall be entitled to reimbursement of direct medical, hospital and ambulance expenses up to the sum of $200 per year.

POLICY:

Members may receive reimbursement for actual medical expenses incurred in the following situations:

- Transport by ambulance to a hospital.
- Treatment at a hospital's emergency department.
- Admission at a hospital for 1 or more days for treatment or observation.

ADMINISTRATION:

The treasurer must receive receipts within 30 days of leaving the hospital. The maximum benefit payable to any member in one calendar year shall be $200.

The board of directors may decide to deny payment in cases where:

- It is believed that the member is abusing the program.
- Receipts and/or documentation are invalid.
- The member's status in the department is in question (e.g. "inactive")
- Any other reason decided by the board of directors.

WALWORTH AMBULANCE INC.
CLAIM FORM

HEALTH & WELFARE POLICY

Member Name:	Address:

Provider/Company	Service Rendered	Date	$ Amount Out-Of Pocket
		Total Claim:	**$**

Submit your claim to:

Walworth Ambulance Inc.
Attn: Treasurer
P.O. Box 36
Walworth, NY 14568

Signature Required:

_____

Date: _____

Member Certification: By signing the above, I request reimbursement for Medical expenses listed above. Enclosed are itemized bills or receipts verifying these expenses. Each expense listed is for a service/item provided to me, and will not be reimbursed from any other source. I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and cannot be claimed as deductions on my personal income tax. I understand that I may not receive more than $200 in reimbursements per calendar year.

For Office Use Only:	Reimbursement by check # _____ Date:_____