DEPARTMENT OF CORRECTIONS

ANNUAL PHYSICAL REIMBURSMENT FORM

Correctional Officers who are members of the Alaska Correctional Officers Association (ACOA) who may, in the regular performance of their duties, come in contact with pathogenic, carcinogenic and toxic substances or with infectious blood, airborne or body fluid borne diseases, may apply for reimbursement of out-of-pocket expenses for an **Annual Physical**. When a qualifying member (a member of the ACOA who has been employed by the employer for over 12 consecutive months) provides proof of having undergone an annual physical, the Employer will reimburse that member for actual, receipted out-of-pocket expenditures up to two hundred dollars ($200). No more than one (1) such reimbursement will be made in any twelve (12) month period.

Reference: ACOA Article 24.2 B Safety and Health; Monitored Health Program.

I certify that I had an **Annual Physical** on (date) _____ and am requesting reimbursement of out-of-pocket expenditures in the amount of $_____ (not to exceed $200).

I have attached official documentation from a health care provider stating the date and cost of the annual physical. I have also attached documentation showing the expenses that were reimbursed or paid on my behalf by insurance or any other pre-tax health reimbursement fund. If in the future, I receive further reimbursement for these out-of-pocket expenses, I will immediately forward that amount to the State. I have blacked out all my confidential medical information and social security number from the attached documents.

_____ _____
Employee Printed Name (Last, First and Middle initial) Correctional Facility

_____ _____
Employee Signature Date

Approved by:_____ Date_____
Superintendent or Administrative Manager

Collocation Code	Program Code	Ledger Code	Account Code
	15732		73177