King County METRO

CDL MEDICAL EXAM REIMBURSEMENT FORM & INSTRUCTIONS

FOR ATU-587 REPRESENTED POSITIONS WHICH REQUIRE A CDL – ONLY

IMPORTANT INFORMATION BEFORE YOU COMPLETE THIS FORM

- ***Use*** **a DOT-certified medical provider for your CDL medical exam.**
- ***Get*** **a dated original receipt (not a photocopy) from your medical provider or clinic on the day of your CDL medical exam for the amount that you paid for the exam.**
- ***Keep*** **the original receipt (not a photocopy) – you will need to attach it to your CDL Medical Reimbursement Form.**
- ***Read*** **the instructions on the back of this form before completing and returning the form.**
- ***Check PeopleSoft*** **to make sure your home mailing address is correct. Reimbursement checks will be sent to the home mailing address listed.**

Section 1 – Employee information and signature:

Employee name ____

Last name, First Name, MI (*as listed in PeopleSoft & on your paycheck)*

Badge # ___________________________________ **PeopleSoft #**____

Job Title ___________________________________ **Base/Worksite**____

Date of CDL Medical Exam_____________________ **Insurance Plan (if any)** _________________________________

PLEASE READ AND INITIAL BOTH:

____ **ATTACHED IS THE ORIGINAL RECEIPT (NOT A PHOTOCOPY) FOR THE AMOUNT THAT I PAID TO MY MEDICAL PROVIDER FOR MY CDL- REQUIRED MEDICAL EXAMINATION.**

____ **I ACKNOWLEDGE THAT A CDL LICENSE IS REQUIRED FOR MY CURRENT POSITION IN METRO TRANSIT.**

____

Employee Signature *Date*

- -

Section 2 – To Be Completed by Disability Services:

Is CDL is required for Employee's current position? **YES ______** **Amount of Reimbursement $______________**

NO ______ **Denial letter sent with reason(s) ___________**

____ ____

Disability Services Staff Signature **Date Submitted for Payment or Ineligible Notice Sent**

INSTRUCTIONS ON REVERSE SIDE

King County
METRO

CDL MEDICAL EXAM REIMBURSEMENT FORM & INSTRUCTIONS

FOR ATU-587 REPRESENTED POSITIONS WHICH REQUIRE A CDL – ONLY

INSTRUCTIONS FOR PROCESSING CDL MEDICAL EXAM REIMBURSEMENT REQUEST

ELIGIBILITY FOR CDL MEDICAL EXAM REIMBURSEMENT:

THIS BENEFIT APPLIES ONLY TO ATU-587 BARGAINING UNIT EMPLOYEES IN POSITIONS REQUIRING THE EMPLOYEE TO HOLD A CURRENT COMMERICIAL DRIVER LICENSE (CDL), WHO ARE NOT COVERED BY A KING COUNTY MEDICAL PLAN, FOR MEDICAL EXAMS OCCURRING ON OR AFTER JAN.1, 2018

COMPLETING THE CDL MEDICAL EXAM REIMBURSEMENT REQUEST FORM:
(Form on the reverse side)

1. **Use your name as it is listed in PeopleSoft.** If you write down a nickname or middle name, it may delay processing of your reimbursement request. This is the same name printed on your paycheck.
2. **Add your Badge # and your PeopleSoft #.**
3. **Fill in your job title and the base that you are assigned to.** This will help us make sure that you are eligible to receive reimbursement and helps us find you if there are any questions.
4. **Add the date of your CDL medical exam.** This should be the same date as your payment for your CDL medical exam.
5. **Completing "Insurance Plan" question.** If you do not have any medical insurance, write *"None".* If you have other non-County medical insurance, write in the name of the plan & the insured person (spouse, parent, etc.)
6. **Read and initial the next 2 items.** This is a double-check that you have attached your ***original receipt (not a photocopy)*** for the cost your CDL medical exam and also ***verifies that your current position requires you to hold a CDL.***
7. **Sign and date the *CDL MEDICAL EXAM REIMBURSEMENT REQUEST* form.**
8. **Attach your *ORIGINAL RECEIPT (not a photocopy) to the form.***
9. **Insert the signed and completed form *AND* your original receipt into the envelope addressed to:**

King County Transit Disability Services
201 South Jackson Street
KSC-TR-0230
Seattle, WA 98104

10. ***OPERATIONS ONLY:* Date stamp & deposit sealed envelope in the locked Sick Leave Box in the report area.**
***VM, FACILITIES MAINTENANCE & RAIL (if required for current position):* Return the sealed envelope to the designated administrator at your worksite.**

WHAT HAPPENS NEXT?

- The designated administrator at your base or worksite will route your sealed envelope to Transit Disability Services.
- Transit Disability Services will check your form for completeness and eligibility to be reimbursed, then complete Section 2 of the form. You will receive a notice from Transit Disability Services if your request could not be forwarded for reimbursement due to missing information or an issue of eligibility.
- Transit Disability Services will forward all eligible and complete requests, with a copy of the receipt to Transit Employee Services for entry into the Accounts Payable system. The original receipt will be kept in Transit Disability Services office.
- Transit Employee Services will enter the reimbursement information into the County's accounts payable system for approval at your Section level.
- After approval, the reimbursement check will be issued by King County Finance and ***mailed to your home mailing address as listed in PeopleSoft.*** If you have a new address, be sure to change your address in PeopleSoft.
- ***Reimbursement checks should be issued within 3 weeks of when you returned your envelope with the completed, signed form and original receipt.***

REIMBURSEMENT REQUEST FORM ON REVERSE SIDE