

FOR EMPLOYER USE ONLY: Approved Denied
 Amount of Stipend/Reimbursement \$ _____ Paycheck Date _____
 Approver's Name _____ Date _____



**CITY OF MADISON
 EMPLOYEE REQUEST FOR STIPEND/REIMBURSEMENT OF
 HEALTH INSURANCE PREMIUM COSTS
 INCURRED BY DOMESTIC PARTNER
 All Employee Groups**

In order to be eligible for a stipend/reimbursement of health insurance premium costs incurred by their domestic partner, the requesting employee must have a certified domestic partnership on file with City of Madison Human Resources. This request form is to be returned to the City of Madison Human Resources Department, at the address indicated below. By your signature, you certify that the expenses being submitted have been incurred and qualify for reimbursement under the City of Madison's Domestic Partner Health Insurance Stipend/Reimbursement Program.

Print Employee's Name (First, Middle Initial, Last)

Employee's Signature

Print Domestic Partner's Name (First, MI, Last)

Date Signed (MM/DD/YYYY)

Address of Residence

Name of Domestic Partner's Health Insurance Carrier

Amount of Stipend/Reimbursement Requested: \$

**Month(s) of Coverage for Which Premium Stipend/Reimbursement is Being Requested
 (check all that apply):**

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

Check the Appropriate Box for Your Employee Group:

- | | |
|---|---|
| <input type="checkbox"/> Association of Madison Fire Supervisors (AMFS) | <input type="checkbox"/> General Municipal Employee |
| <input type="checkbox"/> Association of Madison Police Supervisors (AMPS) | <input type="checkbox"/> IAFF Local 311 |
| <input type="checkbox"/> Madison Professional Police Officers Association (MPPOA) | <input type="checkbox"/> Non-Represented |
| | <input type="checkbox"/> Teamsters Local 695 |

A RECEIPT OR OTHER PROOF OF PAYMENT MUST BE ATTACHED TO THIS REQUEST

Stipends/reimbursements for approved requests will be issued on the second paycheck of the month following the month in which the request is received. (Example: Requests received in January will be paid on the second paycheck issued in February.)

Stipends/reimbursements will not be paid on a recurring basis. A new request form must be completed and submitted for an additional stipend/reimbursement to be paid.