

### Professional Liability Insurance Reimbursement Claim

This form is for use by eligible employees requesting reimbursement for the costs of Professional Liability Insurance premiums. **Eligible employees are supervisors and management officials, as defined by the Civil Service Reform Act (5 U.S.C. 7103(a)), and law enforcement officers.** Employees and Approving Officials are required to complete all appropriate boxes below.

**Employee** - Complete all appropriate boxes below, attach supporting documentation, sign and date the form, obtain your supervisor's authorization on the form, and submit the completed form to your servicing human resources office. The following supporting documentation must be included for reimbursement:

1. Proof of purchase and payment of Professional Liability Insurance
2. A statement of coverage
3. The insurance company name, address, and telephone number
4. Direct Deposit/Electronic Funds Transfer (DD/EFT) information including bank routing number, bank account number, and account type (i.e., checking, savings, etc.).

- I purchased Professional Liability Insurance for the current calendar year and have paid the entire premium for the current year.
- Attached is all required supporting documentation.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Approving Official** – Complete all appropriate boxes below, ensure the appropriate supporting documentation is attached, and authorize reimbursement of Professional Liability Insurance premiums by signing and dating the form. Note that reimbursement is limited to ½ the cost of Professional Liability Insurance premiums, not to exceed \$150.00.

- The position of the requesting employee meets the definition of “Supervisor” or “Management Official” as defined in 5 U.S.C. § 7103(a) or the definition of “Law Enforcement Officer” under 5 U.S.C. § 8331(20) or § 8407(17) or 22 U.S.C. § 4823.
- The requesting employee has submitted proof of purchase of Professional Liability Insurance for the current calendar year.
- The requesting employee has submitted proof that payment was made in full for the current calendar year.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Employees are responsible for returning this completed form and all supporting documentation to their Servicing Human Resources Management Office for processing.**