



Emergency Medical Technician Certificate Reimbursement Policy and Request Form

In accordance with Paragraph 68(a) of the collective bargaining agreement between the AMPTP and Motion Picture Studio First Aid Employees Local #80 ("Agreement"), an individual on the Industry Experience Roster (IER) in a Local #80 First Aid classification is eligible for reimbursement for the initial fee paid in connection with their Emergency Medical Technician (EMT) Certificate issued by the State of California. In addition, an individual on the IER is eligible for reimbursement for any renewal fee paid in connection with their EMT Certificate, if they were employed under the Agreement for at least 1,200 hours within a period of two (2) consecutive years immediately preceding the expiration date of the prior certificate.

In order to be reimbursed, you must provide Contract Services with sufficient documentation to substantiate that you are eligible for reimbursement and incurred the fee for which you are seeking reimbursement. Such documentation must be submitted to Contract Services within ninety (90) days of the fee payment. Late payment fees or penalties for failure to renew on a timely basis will not be reimbursed.

Please submit this completed form along with the following items:

1. Copy of EMT Certificate
2. Copy of receipt, invoice and/or renewal statement reflecting fee
3. Proof of payment (copy of your credit card receipt, credit card statement, or the front and back of canceled check)
4. For renewal fees: Proof of 1,200 hours worked within the period of two (2) consecutive years immediately preceding the expiration date of your prior certificate in the form of either:
 - paycheck stubs indicating the hours worked in a Local #80 First Aid classification, or
 - a letter from an employer signatory to the Agreement attesting to the number of hours worked in a Local #80 First Aid classification
 - MPI Contributions report, attesting to the number of hours worked in a Local #80 First Aid classification, from the Participant Services Center at service@mpiphp.org or 855.275.4674

This program is an "accountable plan" as provided in Internal Revenue Code Section 62(a)(2)(A) and the Treasury Regulations promulgated thereunder. To receive reimbursement for your eligible employment-related expenses, you must meet several requirements. You will be required to return to Contract Services within a reasonable time any excess reimbursement that is made to you in the event of any inadvertent overpayment.

Local/Classification:		
Local #80	Job Classification:	
Personal & Contact Information:		
First Name:		Middle Name:
Last Name:		Suffix (<i>Jr., Sr., II, etc.</i>):
Mailing Address:		Unit # (<i>Apt., Ste., etc.</i>):
City:	State:	ZIP Code:
Country (<i>if not United States</i>):		
Cell Phone:		Home Phone:
Email Address:		

I have read and understood the reimbursement policy and hereby agree to abide by all the terms and conditions contained therein.

Signature: _____ **Date:** _____

You may submit your request for reimbursement with documentation in person, by mail, fax or email to roster@csatf.org. Please allow 4-6 weeks for processing your reimbursement request.

Contract Services — Attention: Reimbursements
2710 Winona Avenue
Burbank, CA 91504

Phone Number: 818.565.0550 ext. 2120
Fax Number: 818.565.0535

Staff (for office use only):				
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	Receipt Amount: \$	Reimbursement Amount: \$	Code:
Approved By <i>(Initials & Date):</i>		Supervisor <i>(Initials & Date):</i>	Director <i>(Initials & Date):</i>	



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