



PROFESSIONAL EDUCATIONAL PLAN

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HSBP-PEP Claim Form

Items covered under PEP:

Medical Books

Medical Audio and Video Tapes

Medical Compact Disks

Work-related Medical Equipment (including PDA's)

Dues and Journals for Medical Specialty Societies

Licensure Fees, Board and Licensure Exam Fees

Eligibility: All House Staff Officers on HHC Payroll are eligible for PEP Reimbursement.

For House Staff Officers on the HHC payroll for the entire year, the current maximum benefit, effective July 1, 2001, is \$150 per quarter (or any part of a quarter) or \$600 per Plan Year. If you are on the HHC payroll for six months and another payroll for six months, you will be entitled to \$300 in PEP benefits for the year. Residents working at Bellevue or any other hospital requiring a rotation to a non-HHC hospital will not be reimbursed for receipts dated during the period while off the HHC payroll.

Total amount payable: Effective July 1, 2004, up to \$600 per Plan Year

Claim Submission Rules:

§ Only original receipts must be submitted for all purchases or payments of dues or fees. Photocopies of receipts will not be accepted.

§ All purchases must be made while on payroll at an HHC hospital. Purchases made when off payroll will be denied.

§ All claims must be submitted to our office at the above-mentioned address within one year from the date of purchase or payment. Claims submitted after one year will be denied.

Participants Name: _____
(Please Print) (First Name) (Last Name)

Social Security # _____

Participants Address: _____

Phone : _____ E-mail: _____

Hospital: _____ Department: _____

List all Medical Books, Audio or Video Tapes and Compact Discs here:

List the Author for Each Book

COST

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total \$ _____

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List all Medical Equipment Including Such Items as Pocket PC's and PDA's (Personal Digital Assistant) here:

COST

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<u>Total</u>	\$ _____

List all Dues and Journals for Medical Societies and all Board and Licensure Examination Fees here:

COST

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<u>Total</u>	\$ _____
<u>Grand Total</u>	\$ <u>_____</u>

Please be sure to attach an original receipt for every purchase you listed on this claim.

NOTE: If the full amount for which you are eligible is not used in a Plan Year, It can be carried over to the next Plan Year up to the time at which you complete your residency or stop working at an HHC hospital.

(04/21/05)