



HOUSE STAFF BENEFITS PLAN
520 EIGHTH AVENUE, SUITE 1200, NEW YORK, NY 10018-4181
Phone: (212) 356-8180 Fax: (212) 356-8181 benefits@cirseiu.org <http://www.cirseiu.org>

WESTCHESTER MEDICAL CENTER
CONFERENCE EXPENSE REIMBURSEMENT FORM

Eligibility:

1. Any Westchester Medical Center resident, \$1000 to be used at anytime during a basic residency plus an additional \$500 to be used in the last two years of the residency
2. Any Westchester Medical Center Chief Resident (who has completed basic residency), \$1500 annual reimbursement
3. Any Westchester Medical Center Fellow, \$1500 annual reimbursement

Maximum reimbursement allowed: Effective July 1, 2007, up to \$1500 within the appropriate year (see above Eligibility).

Claim Submission Rules:

- Original receipts must be attached. Copies of receipts will not be accepted as proof of expense. Submit one form per conference. Attach receipts for expenses only up to the maximum reimbursable limit.
- Reimbursement for meals, travel and lodging will not be reimbursed without proof of registration and attendance at conference.
- Conference program or agenda must also be attached. Copy acceptable.
- Approval as to the relatedness of the conference must be secured from your Chairperson. Where approval is denied, written appeal may be made by the House Staff Officer to the House Staff Benefits Plan Trustees.
- All claims must be submitted to our office at the above-mentioned address within one year from the date of conference. Claims submitted after one year will be denied.

SECTION A: Please complete the following:

Participant's Name: _____ Social Security No.: _____
(Last Name) (First Name)

Home Address: _____

(City) (State) (Zip code)

Contact phone number: _____ Type (home, mobile, etc.) _____

E-mail address: _____

PGY Level: ____ Dept. _____

Check one: 2nd to last year Final Year Chief Resident Fellow

Title of Conference: _____ GME Credits: _____

Date of Conference: From _____ to _____

Location of Conference: Facility _____ City _____ State _____

(IMPORTANT: See side 2 for Section B)

