

2024-2025 Graduate Assistant Health Plan Dental Reimbursement Request Form

If you choose to have preventive dental work (such as a routine cleaning) performed outside of Boynton Health Dental Clinic, a one-time credit (per academic year) of up to \$150 can be refunded to you by check. This benefit is only for primary members, not dependents. By electing this reimbursement option, you are not eligible to receive coverage for preventive treatment at the Boynton Health Dental Clinic during the plan year.

The following items must be submitted within 45 days of the dental appointment for your reimbursement request to be processed:

- This completed form
 - A copy of your dental bill (must include your name and the treatment that was received)
 - A copy of your payment receipt
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A. Primary Member Information

Name (last, first, middle initial) <i>(please print)</i>	Date of birth (mm/dd/yyyy)	Sex	U of M ID number
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Street address, city, state, ZIP code	Daytime phone	U of M email address
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Campus (please choose your campus):

Twin Cities Duluth Rochester

B. Primary Member Signature

Primary member signature (electronic signatures are not accepted)

Date signed