City College of San Francisco

S / h Prescription Drug Co-Payment Reimbursement Form

Please read the Rules & Guidelines printed on the back before completing this form
(Attach original receipts/documents to the back)

Employee's Information

CCSF ID	Last Name	First Name	Phone Number	Campus Mailbox

Home Address	City	State	Zip

Eligible: S (, 8 Classified Employees working 20 or more hours per week and enrolled with CCSF's provided SF Health Service System health plan. Prescription Drug Co-Pay Reimbursement is effective July 1, 202 – June 30, 202 .

All receipts must be submitted to CCSF Benefits Unit no later than June 30, 202

Health Plan with District:

Kaiser Blue Shield Trio $FFHVV +HDOWK1HW +K1HU` ° Blue Shield

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		$

CLASSIFICATION	ELIGIBLE
FT Classified	Yes
FT/PT Classified School Term Only (6 7 2) (Working 20+ hours/week)	Yes
PT Classified (Working 20+ hours /week)	Yes