United Federation of Teachers
A Union of Professionals

HEARING OFFICERS PER SESSION HEALTHCARE REBATE—
DOCUMENTATION OF EXPENSES

Member's Name: _____

UFT ID # or Last 4 digits of Social Security Number: _____

Please provide an itemized list of the documentation you are submitting along with the name of the person for whom the expense was incurred and their relationship to you, payment date, and amount paid (columns 1 – 4). Attach the signed/dated rebate application, copies of the documentation, and proof of your hours worked to this form. Leave Column 5 blank.

TO SUBMIT BY MAIL: Return this form, along with application/documentation to Mr. Charles Baker, United Federation of Teachers, 52 Broadway—11th floor, New York, NY 10004.
YOU MAY USE ADDITIONAL PAGES IF NECESSARY. SUBMISSION DEADLINE IS DECEMBER 15, 2021.

Column 1	Column 2	Column 3	Column 4	Column 5
Documentation submitted	Name of person for whom expense was incurred and relationship to you	Date expense was paid	Amount of expense	Approval (to be completed by UFT)

TOTAL AMOUNT OF SUBMITTED EXPENSES (sum of expenses in column 4) $ _____