Fertility benefits subsidy request

Form Instructions: Submit the completed form with supporting documentation		
Section 1: To be completed by the employee.		
Employee information		
ASU ID number:	Last name:	First name:
Department:	Department code:	
Fertility service information		
Date(s) of fertility service(s):	**Type of service(s):**	**Amount requested:**
		$
		$
		$
		$
Documentation supporting the date of service, type of service and amount of service not covered by insurance must be submitted with this request.		**Total requested amount:**
		$
Spouse or domestic partner information if employed by ASU		
ASU ID number:	Last name:	First name:

Signature

I understand the following statements:

- If approved, the subsidy will be processed through ASU payroll and subject to federal and state taxes. The fertility benefits subsidy is a taxable benefit.
- I may not receive more than $2,500 for this benefit during my employment at Arizona State University.
- I understand to be eligible, the service or prescription **cannot** be covered under the medical plan.
- I must provide documentation from the service provider showing the date, cost and type of service received, at the time I submit this subsidy request.
- Only one ASU benefits eligible employee per family may submit a request for fertility subsidy reimbursement.
- The subsidy request must be submitted within six months after the date the service or prescription is received.

Signature:	Date:

Fax the attached form with required documents to 480-393-8840
Questions? Call 855-278-5081 or email HRESC@asu.edu

Section 2: To be completed by OHR Benefits.		
☐ Request approved	Approved amount: $	Paycheck date:
☐ Request denied	Reason for denial:	
HR benefits processing signature:		
Comments:		