



# COUNTY OF SANTA CLARA - BENEFITS ADMINISTRATION

## Application for Kaiser Co-Payment Reimbursement

Check One:

Reimbursement is for: \_\_\_\_\_ and/or \_\_\_\_\_

(Dependent must be enrolled on your medical plan)

Retiree, New Address? \_\_\_\_\_ If Yes, enter new address below

(Reimbursement for each office visit is up to \$5.00.  
Reimbursement for each prescription is \$1.00 less than receipt up to \$4.00)

**By signing this application I acknowledge that it may take up to 90 days for the County to reimburse me for eligible Kaiser co-payments. See policies and procedures for more information.**

Send application and receipts to: Benefits Administration  
Employee Services Agency  
70 W. Hedding, East Wing, 8th Floor  
San Jose, CA 95110

**FOR ESA - EMPLOYEE BENEFITS USE ONLY**