

**Statement of Claim for Reimbursement of Transportation Expenses to
 MEBA Diagnostic Centers**

PLEASE READ THE ATTACHED TRAVEL POLICY PRIOR TO COMPLETING THIS APPLICATION.

PART I - MEMBER INFORMATION

Member's Name (Last, First, Middle Initial)		Date of Birth		ID# XXX-XX-	
Marital Status (Check One) Single [] Married [] Widowed [] Divorced [] Legally Separated []					
Member Status (Check One) Sailing [] Port Engineer [] Pensioner [] COBRA Participant [] Other [] _____					
Home of Record (if different from the above address) Check box if NEW address []	Street	City	State	Zip	Telephone Number ()
Mailing Address Check box if NEW address []	Street	City	State	Zip	Telephone Number ()
Preferred method of contact: Email [] Telephone [] Regular Mail [] Email address: _____					

PART II – TRANSPORTATION EXPENSES

1. REIMBURSEMENT REQUESTED FOR TRANSPORTATION EXPENSES OF:

<input type="radio"/> Member Appointment Date:	<input type="radio"/> Spouse Name: Appointment Date:
<input type="radio"/> Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild Name: Appointment Date:	<input type="radio"/> Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild Name: Appointment Date:
<input type="radio"/> Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild Name: Appointment Date:	<input type="radio"/> Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild Name: Appointment Date:
<input type="radio"/> Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild Name: Appointment Date:	<input type="radio"/> Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild Name: Appointment Date:
<input type="radio"/> Child <input type="radio"/> Stepchild <input type="radio"/> Grandchild Name: Appointment Date:	<input type="radio"/> Dependent Parent* Appointment Date: *Contingent upon valid proof of dependency in accordance with plan regulations.

2. AIRFARE(S):

Between: _____ and _____ CITY, STATE CITY, STATE	Total amount shown on ticket(s): \$ _____ NOTE: ITINERARIES AND PROOF OF PAYMENT IS REQUIRED. PLEASE ATTACH TAXI/TRANSPORTATION RECEIPTS.
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3. AUTOMOBILE MILEAGE

Round trip automobile mileage
Between:

_____ and _____
CITY, STATE CITY, STATE

Total miles: _____

NOTE: AUTOMOBILE TRAVEL IN EXCESS OF 400 MILES ONE WAY, GASOLINE, TOLL AND/OR HOTEL RECEIPTS MUST BE PRESENTED TO ESTABLISH ACTUAL TRAVEL.

THE ANSWERS PROVIDED ARE TRUE AND COMPLETE ACCORDING TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date: _____

Signature: _____

IF OTHER THAN MEMBER PLEASE INDICATE RELATIONSHIP.

PART III- CERTIFICATION BY THE DIAGNOSTIC CENTER

THIS IS TO CERTIFY THAT THE PERSON(S) WHOSE NAMES LISTED IN PART II HEREOF WERE EXAMINED ON THE DATES SHOWN ABOVE.

Date: _____

AUTHORIZED DIAGNOSTIC CENTER PERSONNEL AND TITLE

Diagnostic Center Location (CHECK ONE): BALTIMORE, MD SAN FRANCISCO/OAKLAND, CA

MEBA Medical and Benefits Plan Travel Policy
Approved by the Board of Trustees

Travel Agency

- The MEBA Medical and Benefits Plan (the “Medical Plan”) has arranged to have an in-house Travel Coordinator (the “Travel Agency”) to provide travel services to Active and Retired Participants (“Participants”) and their eligible Dependents (“Dependents”) attending the MEBA Diagnostic Centers.
- Use of the Travel Agency is mandatory to receive reimbursement of all air travel expenses.
- Participants must make the initial payment for travel expenses and will be reimbursed by the Medical Plan subject to the limits of this Policy.

Home of Record

- All travel reimbursement will be made based on the Participant’s Home of Record.
- The Participant’s Home of Record will be the Participant’s primary residence.
- If a Participant’s primary residence is outside of the United States (for this purpose, “United States” means the 50 states, the District of Columbia and Puerto Rico), the Home of Record for the purpose of paying the travel reimbursement will be deemed to be the airport included on a list designated by the Trustees of major Continental United States airports that is closest to the Participant’s home of record.

Frequency of Reimbursement

- Reimbursement of round-trip transportation will be afforded to a Participant and/or Dependent to travel to the MEBA Diagnostic Center nearest the Home of Record.
- No more than one round-trip reimbursement will be made for any person during any calendar year.
- Travel paid or reimbursed by a MEBA Training Plan contributing employer for travel to the School or by the MEBA Training Plan for transportation to the MEBA School immediately before or after a MEBA Diagnostic Center exam will not be reimbursed under this policy.
- Round-trip reimbursement will be paid by the Plan Office in Baltimore, upon receipt of a completed claim. If reimbursement is made to a Participant or Dependent and it is later discovered that the ticket was not used, the Participant and his Dependents will not be allowed to be seen at a MEBA Diagnostic Center until such time as the reimbursement is repaid to the Medical Plan.

Maximum Reimbursement

- Reimbursement for travel by airplane shall be based upon coach air fare actually paid subject to the maximum reimbursement herein. Airfare will not be reimbursed if the Participant’s Home of Record is 75 miles or less from the nearest MEBA Diagnostic Center.
- For the purpose of all transportation reimbursement, the maximum reimbursement shall be the in-policy fares calculated from the minimum cost of round-trip, non-refundable, seven-day, advance purchase coach air fare as determined by the Medical Plan’s Travel Coordinator.
- In order to maximize fare reductions and thereby reduce travel expense for the Medical Plan, Participants and Dependents are encouraged to make and confirm travel arrangements with the Travel Coordinator 21 days or more in advance.
- Reimbursement for travel by train or bus shall be based upon actual transportation fare incurred; however reimbursement will not exceed the maximum amount payable had the Participant or Dependent traveled by air and used the Medical Plan’s Travel Coordinator. Travel by train or bus will not be reimbursed if the Participant’s Home of Record is 75 miles or less from the nearest MEBA Diagnostic Center.

- Reimbursement for travel by automobile shall be based upon mileage, payable at the IRS mileage allowance then in effect, and will not exceed the maximum amount payable had the Participant or Dependent traveled by air and used the Medical Plan's Travel Coordinator. The maximum reimbursable mileage shall be computed on the basis of official automobile club maps. For automobile travel in excess of 400 miles one way, gasoline and/or hotel receipts must be presented to establish travel but reimbursement will be at the IRS mileage rate and gasoline, tolls, and hotel will not be reimbursed. Mileage will not be reimbursed if the Participant's Home of Record is 75 miles or less from the nearest MEBA Diagnostic Center.
- Travel from a location other than a Participant's Home of Record will be reimbursed but shall not exceed the maximum amount payable had the Participant or Dependent traveled by air from his Home of Record and used the Medical Plan's Travel Coordinator.
- In the case of a Participant employed as a permanent ROS employee traveling from a ROS vessel, reimbursement from the vessel will be paid in lieu of the Participant's Home of Record provided the Medical Plan's Travel Coordinator is used to arrange air travel.
- With proper documentation, travel arranged less than seven days in advance will be reimbursed at the round-trip, non-refundable coach fare only for Participants discharged from a vessel within the seven-day window preceding their visit to the MEBA Diagnostic Center.
- Participants and Dependents will be reimbursed for original booking fees charged during normal operating hours of the Travel Coordinator.
- Other than original booking fees assessed during normal operating hours, fees for after-hours bookings or changes will not be reimbursed.
- Change or cancellation fees will not be reimbursed; however, if a MEBA Diagnostic Center exam is cancelled by the Diagnostic Center and a ticket has already been purchased, normal airline cancellation fees or change fees for another appointment will be reimbursed.

Miscellaneous Allowance

- A miscellaneous travel expense allowance of \$20 per family per calendar year will be paid in addition to the travel reimbursement.
- The allowance shall be increased up to a maximum of \$50.00 per family for miscellaneous expenses when air travel is used, provided actual taxi/transportation receipts are presented to justify any increase.
- The miscellaneous allowance will be paid by the Plan Office when the travel reimbursement is paid.

Travel Arrangements

- For travel by airplane, non-stop or one-stop direct flights are preferable; however, one-stop connecting flights are acceptable so long as the travel time is not extended by more than 120 minutes over non-stop flights.
- Should such flights be unavailable, multiple-stop direct or connecting flights may be arranged.

Required Documentation

- For all travel subject to reimbursement, copies of actual travel documentation, including but not limited to, tickets, boarding passes and receipts must be presented.
- The Medical Plan's Travel Coordinator's reports may be accepted for reimbursement in lieu of actual tickets, boarding passes and receipts.