

**Lisa Maddox-Douglas, President**  
**Janine Jones, 1st Vice President/Treasurer**  
**President**  
**Barbara Taylor, Sergeant- at- Arms**



**Abibat Hall, Executive Vice President**  
**Robert Novack, 2<sup>nd</sup> Vice**  
**Siaeng Roberts, Recording Secretary**

**PESU**

July 1, 2025

Dear PESU Members,

The Delta Dental Trustees have combined the Optical and Medical Reimbursement for the calendar year of 2025. The Public Employees Supervisors' Union (PESU) members may submit a Reimbursement Application for dental, medical, optical and disability expenses incurred by the member or immediate family members.

The benefit period is **January 1, 2025 through December 31, 2025** for a maximum benefit payment of \$475.00. It is encouraged that you wait until you have accumulated this amount before submitting your reimbursement request.

The criteria for meeting such are listed below:

- Active member in good standing upon reimbursement commencement (**July 1, 2025**)
- Did **NOT** receive a CWA reimbursement, dental, medical, optical and disability expenses) during the reimbursement and/or eligibility period.
  - *Must present original paystub and/or itemized bill for abovementioned equal to or greater than the medical/optical reimbursement amount if member is on spouse's insurance, the itemized bill must reflect the PESU member or immediate family member's name.*
  - *Reimbursement requests for the above-mentioned expenses paid by an immediate family member (i.e. spouse) on behalf of PESU Member: must provide proof of such billing and /or paid expenses. Acceptable proof shall include an itemized bill, paystub and/or other documentation supporting eligibility for claimed expense. If due to extenuating circumstances the above-mentioned documentation is unavailable an attestation letter regarding such may be submitted for review.*
  - *Applications must be received by the 1st Vice President/Treasurer no later than January 16, 2026. Failure to comply will render one ineligible for 2025 medical/optical reimbursement.*

Please note: ***New members who are in good standing and possess a minimum of six months membership at the time of the request may be eligible for half of the maximum payment.***

Application (hard copy) must be submitted to 1<sup>st</sup> Vice President/Treasurer, Janine Jones or Executive Vice President, Abibat Hall. Most checks will be disbursed within 15 business days from the date the application was received.

Please contact your Shop Steward or Benefits Committee (Trustees) with questions.

Fraternally yours,

Trustees Benefit Committee

# APPLICATION FOR MEDICAL/OPTICAL REIMBURSEMENT



\_\_\_\_\_  
Union Member's Name

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date of Service

\_\_\_\_\_  
Relationship to Union Member  
Eligible child: Age 0-23yrs Dental  
Age 0-26 yrs Medical/Optical/Disability

\_\_\_\_\_  
Amount Paid for Service

\_\_\_\_\_  
Type of Service

I \_\_\_\_\_ am a good standing member of Public Employees Supervisors' Union  
Union Member's Name

I have attached original documentation (*Medical/ Optical/ Disability/ Dental*) for expenses not previously submitted and incurred within the eligible benefit period.

**January 1, 2025, through December 31, 2025**

I understand the plan provides reimbursement for PESU members and/or immediate family members residing within my household.

I further acknowledge this is a **one-time payment** and submitting a request less than \$475.00 will consent to balance forfeiture during the plan benefit year.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Exec Member

\_\_\_\_\_  
Date

**DEADLINE FOR SUBMISSION IS JANUARY 16, 2026.**