



# 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		
<p>I understand the following statements:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• I may not receive more than \$2,500 for this benefit during my employment at Arizona State University.</li> <li>• I understand to be eligible, the service or prescription <b>cannot</b> be covered under the medical plan.</li> <li>• 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.</li> <li>• Only one ASU benefits eligible employee per family may submit a request for fertility subsidy reimbursement.</li> <li>• The subsidy request must be submitted within six months after the date the service or prescription is received.</li> </ul>		
Signature:		Date:
Fax the attached form with required documents to 480-993-0007		
Questions? Call 855-278-5081 or email <a href="mailto:HRESC@asu.edu">HRESC@asu.edu</a>		
Section 2: To be completed by OHR Benefits.		
Request approved	Approved amount: \$	Paycheck date:
Request denied	Reason for denial:	
HR benefits processing signature:		
Comments:		