

Self-Certification of Premiums Paid For Professional Liability Insurance

Instructions

Complete Parts A, B and C of this form if you have paid premiums for a professional liability insurance policy and you are eligible for reimbursement. Reimbursement will be paid to you after October 1. Mail completed forms to:

**Philadelphia Payroll Center
2970 Market Street, Drop Point 5721
Attn: Professional Liability Insurance
Philadelphia, PA 19104**

PART A – Employee Information

Name Position Title Social Security Number

Business Unit/Office Office Telephone Number

PART B – Insurance Information

Name of Insurance Carrier Policy Number

Indicate if this is a new or continuing policy:

This is a **NEW** policy. I was not previously covered under professional liability insurance.

The effective date of my policy is

My premium is \$ and is paid as follows:

per pay period per month per quarter per year other

This is a **RENEWED** policy. I have been continuously covered under professional liability insurance since

Month Year

My premium is \$ and is paid as follows:

per pay period per month per quarter per year other

PART C – Employee Authorization

By signing below, I certify that I have paid the total premium indicated above to the insurance carrier for the dates of coverage listed in PART B.

Employee Signature Date Signed

Remarks

Privacy Act Notice

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 11222, Sections 602, 701 and 702. The primary purpose of requesting the social security number is to properly identify the employee. Failure to provide the requested information will result in the delay or denial of your requested reimbursement.

PART D – Payroll Center Use

Processed: Reimbursement Amount
Date Pay Period

Authorizing Signature Remarks