

## Resiliency Training Services <u>Reimbursement Form</u>

Fill out the form below completely.

All receipts should be attached to the form and emailed to <u>Amanda.bistolfo@sedgwick.com</u>.

| Date:                        |  |                 |   |                    |        |
|------------------------------|--|-----------------|---|--------------------|--------|
| Member District              |  |                 |   |                    |        |
| Submitted by:                |  |                 |   |                    |        |
| Phone:                       |  |                 |   |                    |        |
| Email:                       |  |                 |   |                    |        |
| Payment Option (select one): |  | Check 🗌         | Electronic Fund Transfer (EFT)  (EFT information must be on file) |                    |        |
| NOTE: All reimb              | ursements are pa                                   | aid to the memb | er-distric  | t.                 |        |
| Send check to:<br>Address:   |  |                 |   |                    |        |
| City/State/Zip               |  |                 |   |                    |        |
|                              |  |                 |   |                    |        |
| Use of Funds Description     |  |                 |   | Date(s) of Service | Amount |
|                              |  |                 |   |                    |        |
|                              |  |                 |   |                    |        |
|                              |  |                 |   |                    |        |
|                              |  |                 |   |                    |        |
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|                              |  |                 |   |                    |        |
|                              |  | FRMS U          | Jse Only  |                    |        |
| A management Devi            |  |                 | wa at a w   |                    |        |
| Approved By:                 | Jim Elledge, FRMS Executive Director<br>Signature: |                 |   | Date:              |        |
|                              | Signature:   |                 |   | Date:              |        |
|                              | Kemble Ng FRI                                      | MS Finance Man  | ager  |                    |        |
|                              |  |                 | -   | Date:              |        |
|                              | J  |                 |   |                    |        |

## \*\*\*IMPORTANT INFORMATION \*\*\*

- Only members participating in the FRMS Workers' Compensation Program is eligible for reimbursement.
- A member must contract for services directly with First Responder Resiliency, Inc. (FRRI) and pay for all costs incurred related to FRRI's resiliency training.
- A member may request reimbursement for up to <u>50% of the cost</u> of <u>either</u> of the following resiliency training options provided by FRRI:

**Option 1:** One 8-hour Onsite Training: Cost = \$20,000.00 per training per contract **Option 2:** Up to eight, 3-day Resiliency Conference slots: Cost = \$2,499.00 per person

- Reimbursement is extended once every 12 months.
- Reimbursement requests are processed monthly please allow up to 45 days for reimbursement following approval.