



Medical Certification Reimbursement Fees

Reimbursement Policy and Reimbursement Form (for Local 399)

This form explains how Industry Professionals working under the Producer – Studio Transportation Drivers, Local #399 Agreement may request reimbursement of (1) fees associated with a DOT physical/medical examination for Medical Certification and (2) fees associated with the request for a Motor Vehicle Record (MVR)* as proof of Medical Certification. (*Note that in some states, including California, the MVR may be called the “Driver’s Record.”) Contract Services will reimburse the Medical Certification (DOT physical/medical examination) fee up to \$105 and no more than once per year. Reimbursement of fees related to obtaining an MVR (exact cost is dependent on individual State) is also limited to once per year. If you meet the eligibility criteria below, use this form to submit your request.

Eligibility Criteria

To be eligible for reimbursement of Medical Certification-related fees, you must meet the following criteria:

1. You must be on the Industry Experience Roster for Local 399. *(To verify your status, visit the Industry Hub (thehub.org) and log into your Portal.)*
2. Medical examinations must be completed by a certified medical examiner listed on the National Registry of Certified Medical Examiners (NRCME).
3. You must submit your request no later than ninety (90) days from the fee payment.

REQUEST FORM

Step 1. Select which fee(s) you are requesting reimbursement for (check one or both boxes).

☐ DOT Physical/Medical Exam Fees ☐ Motor Vehicle Record Fees

Step 2. Complete and sign the form below:

Local/Classification:		
Local: Local 399	Job Classification:	
Personal & Contact Information:		
First Name:	Middle Name:	
Last Name:	Suffix (Jr., Sr., II, etc.):	Last 4 of SSN:
Mailing Address:		Unit # (Apt., Ste., etc.):
City:	State:	ZIP Code:
Country (if not United States):		

This reimbursement program described herein is an “accountable plan” as provided in Internal Revenue Code Section 62(a)(2)(A) and the Treasury Regulations promulgated thereunder. To receive reimbursement for eligible employment-related expenses, I understand that I must meet several requirements. I will be required to return to Contract Services within a reasonable time any excess reimbursement that is made to me in the event of any inadvertent overpayment.

I have read and understood the stipend and reimbursement policy and terms and conditions described herein. If I am requesting reimbursement of exam fees, I certify that I paid the exam fees for which I am seeking reimbursement, and that I have not been reimbursed from any other source for the reimbursement of exam fees I hereby request.

Signature: _____ Date: _____

Form continues on next page →



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Additional Required Documentation

Step 3. Gather additional required documentation.

In addition to completing and signing the form above, you must include the following documentation with your request:

1. A copy of your MVR showing the date the certification was issued.
2. A copy of the DOT physical/medical exam and/or the MVR receipt(s) or invoice(s).
3. Proof of payment for the DOT physical/medical exam and/or the MVR (e.g., a copy of your canceled check from your bank, a copy of your credit card receipt or credit card statement).

How to Submit Your Request

After you complete and sign this form and collect the required documentation listed above, you may submit your request to Contract Services in several ways:

1. By email to roster399@csatf.org.
2. Using your Portal: visit the Industry Hub (thehub.org) to log into your Portal. Use the "Contact Us" tool to submit your request and upload your documents.
3. By mail to 2710 Winona Avenue Burbank, CA 91504.
4. In person by visiting our offices during business hours.
5. By fax to (818) 565-0535.

Remember: your request and all required materials must be submitted no later than 90 days from the date of payment. If you have questions or require assistance, please contact us.