



Commercial Driver's License or Medical Examiner's Certificate Renewal Reimbursement Policy and Request Form

In accordance with Article 18(a) of the collective bargaining agreement between the AMPTP and Studio Transportation Drivers Local #399 (the "Black Book"), the Commercial Driver's License (CDL) or Medical Examiner's Certificate (MEC) Renewal Reimbursement Program has been established to provide reimbursement to drivers for certain eligible approved expenses. The Program is administered by Contract Services Administration Trust Fund (CSATF) on behalf of signatory producers. If you have any questions about this Program, please call CSATF at 818.565.0550 ext. 1114.

Eligibility: Only those drivers whose name appears on the Industry Experience Roster for Local #399 are eligible to receive reimbursement. The current Industry Experience Roster may be viewed at www.csatf.org, Online Roster, General Access.

CDL or MEC Renewal Reimbursement Policy:

CDL renewal fee(s) or a maximum of \$105.00 MEC renewal fee(s) incurred by an eligible driver will be reimbursed. In order to be reimbursed, medical examinations must be completed by a certified medical examiner listed on the National Registry of Certified Medical Examiners (NRCME). In accordance with the Black Book, MEC renewal fee(s) are to be reimbursed by CSATF no more than once per year.

You must provide CSATF with sufficient documentation to substantiate that you incurred the fee(s) for which you are seeking reimbursement. Such documentation must be submitted to CSATF within ninety (90) days of incurring the fee(s).

This Program is an "accountable plan" as provided in Internal Revenue Code Section 62(a)(2)(A) and the Treasury Regulations promulgated thereunder. To ensure that you receive prompt reimbursement for your eligible employment related expenses, you must meet several requirements. You will be required to return to CSATF within a reasonable time any excess reimbursement that is made to you in the event of any inadvertent overpayment.

Please submit one completed Reimbursement Policy and Request Form per CDL or MEC and return with the following items:

- Copy of the receipt(s) or invoice(s).
- Proof of payment (include either a copy of credit card receipt/credit card statement or a copy of the front and back of the canceled check.)
- Copy of the renewed CDL or MEC.

Check one per request:

Commercial Driver's License Renewal

Medical Examiner's Certificate Renewal

Name: _____ SSN: _____ Local #: 399 Classification: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

I have read and understood the reimbursement policy and hereby agree to abide by all the terms and conditions contained therein.

Signature: _____ Date: _____

You may submit your request for reimbursement with documentation in person, by mail, fax or email to Roster.Specialist4@csatf.org.

**CSATF Attention: #399 Reimbursements
2710 Winona Avenue
Burbank, CA 91504**

**Phone Number: 818.565.0550 ext. 1114
Fax Number: 818.565.0535**

Please allow 4-6 weeks for processing your reimbursement request.