

**TOMPKINS CORTLAND COMMUNITY COLLEGE  
PAA  
LIFE INSURANCE REIMBURSEMENT**

**PAY TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_

**DEPT./BUDGET CODE EXPENSE REQUIRED:**  
\_\_\_\_\_

LIFE INSURANCE REIMBURSEMENT \_\_\_\_\_

**Payment verification and co-pay verification must be attached.**

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
**REQUESTED BY:**  
(Signature Required)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_