

**City of Henderson Kentucky  
Civil Service Pension Fund  
Supplemental Insurance Premium Reimbursement**

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Phone number \_\_\_\_\_

Month: _____	Year: _____	Amount: \$ _____
Month: _____	Year: _____	Amount: \$ _____
Month: _____	Year: _____	Amount: \$ _____
Month: _____	Year: _____	Amount: \$ _____
Month: _____	Year: _____	Amount: \$ _____
Month: _____	Year: _____	Amount: \$ _____
Month: _____	Year: _____	Amount: \$ _____
Month: _____	Year: _____	Amount: \$ _____
Month: _____	Year: _____	Amount: \$ _____
Month: _____	Year: _____	Amount: \$ _____
Month: _____	Year: _____	Amount: \$ _____

Grand total of request:     \$ \_\_\_\_\_

I hereby certify that the information on this claim form is correct. I understand any person, with intent to defraud or knowing that he or she is facilitating a fraud submits a claiming containing a false or deceptive statement is guilty of insurance fraud.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date