

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

Name: _____

Address _____

City, State & Zip Code _____

Phone number _____

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 claim containing a false or deceptive statement is guilty of insurance fraud.

Signature

Date