

Please attach the required documentation to this form and send to: **Colorado Firefighter Heart and Cancer Benefits Trust**
 c/o McGriff, Seibels & Williams, Inc.
 PO Box 1539
 Portland, OR 97207
 Fax Number: 503-943-6622
 Email: cfhtrust@mcgriff.com



**CSU Heart Testing Grant
 Reimbursement Form**

Prior Heart Incident Assessment Grant Program

Applicant Firefighter: _____ **Employer:** _____

Applicant Year of Birth: _____ **Date of Test:** _____

Applicant Firefighter Email: _____

Mailing Address: _____

REQUIRED DOCUMENTATION:

1. A copy of the receipt from the CSU Heart Health Awareness Program evidencing the incurred testing expenses
2. A copy of receipts/invoices for any other incurred travel expenses such as parking fees
3. A copy of signed statement from a doctor or medical records indicating prior heart issues

CSU Eligible Testing Expenses	\$
Mileage _____ X 0.54	\$
Other Travel Expenses:	\$
Total Expenses*	\$

*The maximum reimbursable amount is \$750.00 per firefighter for the first year, then \$250 for annual follow- ups.

For the purposes of obtaining grant funds for CSU’s Heart Health Awareness Program, I certify that the charges and expenses listed above have been incurred for the applicant firefighter.

Applicant Firefighter Signature: _____ **Date:** _____