

## Colorado Firefighter Heart, Cancer and Behavioral Health Benefits Trust Behavioral Health Peer Support Training Reimbursement Form

## Section I – Participant, Employer, and HR Information

Individual Participant Legal Name	Individual Participant Job Title					
Individual Participant Email	Individual Participant Phone Number					
Individual Participant Address						
Employer Name						
Employer Address						
HR Contact Name	HR Contact Email					
Who should we reimburse (check one): Participant Employer						
Section II – Training Program Information and Endorsement						
Name of the Behavioral Health Peer Support Training Program Attended						
Why did you receive this training?						
What did you think of this training?						
How will you use this training going forward?						
Date of Training	Cost of Training					
Please attach a receipt and certificate of completion from the training program attended. This reimbursement form will be considered incomplete without these items.						
Signature of Participant Nan	ne of Participant (Please Print)  Date Signed					

## **Section III – Fire Chief Endorsement**

Fire Chief Le	gal Name			Fire Agency	
I,		, endorse		's training and reimbursement for the Behavi	oral Health Peer Support
	Fire Chief		Training Participant		
Program lis	eted above.				
Signature of Fire Chief Nan		of Fire Chief (Please Print)	Date Signed		

Your completed reimbursement form can be sent to the Trust Administrator at:

Colorado Firefighter Heart, Cancer, and Behavioral Health Benefits Trust c/o McGriff Insurance Services LLC P.O. Box 1539 | Portland, OR 97207 
Email: cfhtrust@mcgriff.com

Fax: 503-598-8523