



YOUNG LIFE BENEFITS

Medical Travel Expense Request Form

Discretionary approval may be given for specific services related to medically necessary treatments outside of the employee's home town for special circumstances and serious medical conditions. This benefit applies to the employee or family member receiving the medical treatment and one or two travel companions (spouse, parents, friend). Enrollment in the Young Life Medical plan by the member receiving the medical services is required in order to be eligible for this benefit.

Employee Name:

Date:

Email address:

UMR ID#:

Employee #:

Phone #:

Reason for Request – please provide a brief description of the circumstances surrounding your request.

Employee Signature:

Date:

Total Expenses Submitted: \$

* Itemized receipts must be included with designations for each family member receiving the service. All reimbursements are made by UMR through the Young Life Medical plan. *

Email to: Julie Franklin: benplan@sc.younglife.org; **Fax to:** 719.381.1759

Mail to: Benefits Department, P.O. Box 520, Colorado Springs, CO 80901-0520; **Call:** 719.381.1950

Total Expenses Approved: \$

Benefits Rep Signature: _____ **Date:** _____