American Federation of Police & Concerned Citizens

Claim for Grief Counseling Reimbursement

INSTRUCTIONS

1. To request reimbursement, please submit the following to the address listed on this form (any missing information may result in delay or denial of the request):
   a. Completed and signed Reimbursement Form
   b. Proof of services rendered
   c. Proof of payment for the services being requested for reimbursement
2. Reimbursement requests are processed within 60 days. Incomplete requests will take longer.
3. Reimbursement will be sent to the applicant (parent/guardian if a minor) at the address provided on this form.
4. Those eligible to request reimbursement claims include: spouse or partner, children (minor & adult), parents and siblings.
5. Each individual is eligible to submit a total of three (3) claims for up to $100 per counseling session. (max. $300 per individual)
6. Claims may be filed up to two (2) years after the officer's death.
7. Retain a copy for your records.

PERSONAL INFORMATION

Last Name	First Name	MI
Street Address		
City/State/Zip		
Date of Birth	Phone Number	
Email Address		
If minor, name of Parent/Guardian		

OFFICER'S INFORMATION

Last Name	First Name	MI
End of Watch Date		
Agency		
Your Relationship to the Officer		

CLAIM INFORMATION

Date of Service	Provider Name	Amount
	Total Reimbursement	

Applicant's Signature_____ Date: _____

Submit this form and all documentation to:
AFP&CC - Survivor Benefits
6350 Horizon Drive
Titusville, FL 32780