Central Illinois Construction Trades Substance Abuse Testing Fund

Contractor Reimbursement Procedures

The Central Illinois Construction Trades Substance Abuse Testing Fund Policy provides for:

- 1. Employers agree that employees shall be paid for the actual time lost, but not to exceed two (2) hours unless there are extenuating circumstances requiring additional time to provide the test, at the straight time rate, including benefits, when required or notified to provide a Drug and/or Alcohol test.
- 2. The employer shall receive and be paid for actual time lost by the "Fund", but not to exceed two (2) hours unless there are extenuating circumstances requiring additional time for the employee to provide a test. Reimbursement for lost time above two (2) hours must be approved by the Trustees. This reimbursement will be paid to the Employers from the Fund on an annual basis upon proper invoicing from the Employer.

Procedures for requesting reimbursement from the Fund:

- 1. Employer must file a report, on an calendar year basis, within 6 months of the end of the calendar year (June 30th), with the following information: (See attached sample)
 - A. Name of Employer/Contractor, address and phone number
 - B. Employees name
 - 1. Date tested
 - 2. Hours Billed
 - 3. Wage/Benefit Rate
 - 4. Reimbursement requested
- 2. Report must be sent to: Central Illinois Construction Trades
 Substance Abuse Testing Fund
 P.O. Box 39566
 Indianapolis, IN 46239-0566

Once the report is received, reimbursement will be returned to the Employer/Contractor at the address provided. If you have any questions, please contact our administrator, Genesis Benefit Solutions, at 317-524-6350, and ask for Cindy Brown.

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Employer/Contractor Reimbursement Request

Name of Employer/Co	ntractor:			
Address:				
Геlephone Number:			_	
Contact Person:				
Date of Request:				
Employee Name	Date	Hours	Wage/Benefits	Reimbursement
	Tested	Billed	Rate	Requested

Total Due