



Local Agency Workers'  
Compensation Excess  
Joint Powers Authority

1750 Creekside Oaks Drive  
Suite 200  
Sacramento, CA 95833

800.541.4591  
www.lawcx.org

## Safety and Risk Control Reimbursement Program

Please Complete All Fields

Entity Name: \_\_\_\_\_ Date: \_\_\_\_\_

Member Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reimbursement Requested for *(please describe)*:

\_\_\_\_\_

Date Purchased/Expended \_\_\_\_\_ Reimbursement Amount Requested: \$ \_\_\_\_\_

*Please attach proof of purchase, expenditure, or service quote.*

This is (check all that apply):

Service		Equipment		Hotel	
Training		Materials		Mileage Reimbursement	
Software		Registration		Other	

Other *(Please describe)*: \_\_\_\_\_

Sedgwick, Pre-approved, Pay Direct \_\_\_\_\_

Please explain how this will improve or enhance your safety and risk control efforts:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

### This Area for LAWCX Risk Control Use Only

Reviewed by: \_\_\_\_\_ Approved? \_\_\_\_\_

1. Each member can request reimbursement up to a total of \$2,000 for each fiscal year, July 1 through June 30.
2. All requests will be accepted on a first-come, first-served basis, and may be subject to approval by the Executive Committee. A total of \$40,000 is available each fiscal year for this reimbursement program.
3. Expenditures eligible for reimbursement are risk control-related expenses that are directly related to workers' compensation or workplace safety. The expense can include expenses related to equipment, trainers, travel and hotel costs for attending safety and risk control training, and materials.
4. The amount of reimbursement requested cannot exceed the cost of the item/service purchased.
5. The expense to be reimbursed must be expended between July 1 and June 30, and the request for reimbursement must be received within 30 days of the fiscal year closing.

If you have any questions, please contact us [here](#).

Please sign and submit this completed reimbursement request form, along with proof of purchase or expenditure, to Katie Chilcott, Incoming Risk Control Manager at [Kathleen.chilcott@sedgwick.com](mailto:Kathleen.chilcott@sedgwick.com) or mail packet to 1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833.