



Medical Reimbursement Enrollment Form

Employer: Illinois Eastern Community College District #529

Employee Name* _____ ID* _____ DOB _____

Hire Date* _____

Address* _____

City/State/Zip* _____

Daytime Phone Number* _____

Email Address* _____

Signature _____ Signature date _____

Effective date _____

Once completed please mail or forward enrollment form to the contact information below.

Mail to: IECC Human Resources
233 E. Chestnut St.
Olney, IL 62450

Phone: 1-618-395-5299
Fax: 1-618-395-1819
Email: hr@iecc.edu