

2024 Annual Member Symposium Travel Reimbursement Policy & Form

To support education in patient and employee safety with a focus on risk reduction in professional liability and workers' compensation claims, BETA Healthcare Group (BETA) will reimburse reasonable travel expenses for attendance at BETA's Annual Member Symposium.

Qualification:

To qualify for travel reimbursement, your organization must participate in our fully insured program.

Upon Verification of Participation:

1. BETA will provide reimbursement for the following for up to six (6) people per facility:
 - a. **Transportation** includes round-trip, coach airline ticket, mileage, parking, and cab fare up to a combined maximum of \$250.00. BETA does not reimburse monetary value if using awards/miles.
 - b. **Hotel accommodation** at the designated hotel, for one night at the negotiated and single occupancy rate if the commute to the event location is 40 miles or one hour or longer from your home/office. A second night will not be covered in lieu of transportation costs. However, it could be allowable for reimbursement through your facility's Risk Management Resource Fund (RMRF) or CARE fund account, if available and approved by authorized account contact.

Note: All other expenses will be the responsibility of the member/insured.

2. New Process

Please submit your reimbursement forms to BETA bundled with other attendees in your organization.

We are no longer able to issue reimbursement checks to individual employees; instead, the reimbursement check will be issued to the member/insured organization and directed to the organization's Finance Department. A summary of expenses covered for each event will be supplied upon request. Please follow your organization's expense reimbursement process.

3. Required Documents

The detailed hotel bill and airline receipt must accompany the completed reimbursement Form for each attendee. For mileage exceeding 175 miles, a trip/map mileage printout (i.e., MapQuest) is required. Missing documents delay processing.

4. Reimbursement Checks

Reimbursement checks will be issued within twenty (20) business days following the receipt of your completed request *and will be payable to the member/insured organization directly.*

5. Deadline for Submission

Requests for reimbursement must be submitted within 45 days following the event date.

6. Electronic Submission via DocuSign (Desktop and Mobile Friendly)

The Travel Reimbursement form is available to submit electronically. The steps are as follows:

- a. Initiate the form using the following link: [2024 Annual Member Symposium form](#)
- b. Enter your organization's name and your email address.
- c. Complete required fields and upload supporting attachments.
- d. Click FINISH and download, print, or close if you choose.
- e. DocuSign will automatically route the form to us for processing.

For reimbursement, please complete the form below.

Submit using DocuSign: [2024 Annual Member Symposium form](#)

Submit by mail to: BETA Healthcare Group
 Attn: Risk Management Administration
 P.O. Box 619084
 Roseville, CA 95661

Email to: RMreimbursement@betahg.com

Contact: (925) 838-6070

For BETA Use Only:	
Fund:	<u>RMS</u>
Approved:	_____
Date:	_____

BETA Insured Entity Name

Event Information

BETA 2024 Annual Member Symposium

Program Title

September 5-6, 2024

Hyatt Regency Huntington Beach Resort

Date

Event Location

Expenses

Attendee Name	Hotel	Travel						Mileage				Total
		Air	Auto Rental	Toll	Taxi	Parking	Mileage					
							Total miles	- Less work commute	= Qualified miles	x \$0.67	Mileage Total	
												\$
												\$
												\$
												\$
												\$
												\$
												\$
												\$

NOTE: Requests for reimbursement must be submitted within 45 days following the event date. No exceptions. The maximum combined reimbursement for travel, including air, parking, cab, and mileage, is \$250. BETA covers a one-night hotel stay at negotiated, single occupancy rate if the commute is more than 40 miles from home/office. Please attach the detailed hotel bill and airline receipt as required.

Checks are payable to the member or insured organization only, and not to individual participants.

*BETA Insured Organization

BETA Insured Mailing Address

Phone number

Date

Email Address of Primary Contact