Cancer Screening Reimbursement Program

To qualify for reimbursement, participants must be a Kentucky-certified firefighter, be an active member on a Kentucky fire department roster for at least 3 years (or retired for 10 years or less), and participate in a United Diagnostic Services (UDS) cancer screening approved by the Kentucky Fire Commission; individuals not participating in a UDS screening must receive prior approval from the Kentucky Fire Commission before completing the screening in order to be eligible for reimbursement. A qualifying firefighter may only seek reimbursement once every three (3) years.

Firefighter Name: _____ FF#: ☐☐☐☐ - ☐☐☐☐

Primary Fire Department: _____ FDID# ☐☐☐☐☐

Active: Yes / No (circle one) Retired Date: _____

Are you also a current employee of KCTCS [FC or SFRT]: Yes / No (circle one)

***If YES *do not* complete the Sub W9 form

Sub W-9 Directions

Directions – Page 1:

- Write your **Social Security #** on the Federal Tax ID line and check the **SSN** box
- Write your **legal name** as recognized by the IRS
- Underneath Type of Business check **Individual**
- Underneath Business Classification check **None of the Above**
- **Sign** and **Date**

Directions – Page 2:

- Go to the **remittance** section and provide your **address**
- Fill out the **direct deposit** section
  - Include an **e-mail address** – required for deposit notification
  - *You will receive reimbursement much quicker with direct deposit*
- **Sign** and **Date**

What to submit for reimbursement: *All documents shall be an attachment in a .pdf format*

1) Cancer Screening Reimbursement Program form (this page)
2) KCTCS Substitute W-9 Form
3) Itemized receipt/PAID invoice from UDS (from day of screening)

Email All documents to: fccancer@kctcs.edu