

**Kansas-Nebraska Conference of Seventh-day Adventists
Automobile Insurance Deductible Assistance Request**

Employee Portion

Please complete the following information and send to the Treasury Department of the Kansas-Nebraska Conference. If you have any questions, please contact the Treasury Department at (785) 478-4726.

Employee _____

Date Submitted _____

Date of Loss _____

Total Loss _____

**Repair Estimate
(please attach copy)** _____

Deductible _____

For Office Use Only

Payroll Input _____

Employee Number _____

Tran. Number 3310 _____

Date Received _____

Date Paid _____

Authorized by: _____

**Authorized
Signature** _____

Comments: