



**SERVE AND PROTECT
REIMBURSEMENT REQUEST**
EMPLOYER SERVICES /
LOSS CONTROL DIVISION
SFN 62398 (05/2025)

1600 E Century Ave, Ste 1
PO Box 5585
Bismarck ND 58506-5585
Telephone 800-777-5033
Toll Free Fax 888-786-8695
TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
www.workforcesafety.com

Reimbursement request for paid, full-time firefighters and/or law enforcement officers. An employer may only submit one form per month.

SECTION 1 – Employer information		
Employer's account number	Employer's name	
SECTION 2 – Contact information		
Contact name	Telephone number	Email address
SECTION 3 – Reimbursement supporting documentation		
Submit the following supporting documentation <input type="checkbox"/> Serve and Protect Reimbursement excel file <input type="checkbox"/> Copy of the paid invoice and proof of payment for medical exam		
SECTION 4 – Reimbursement method (choose either credit card or check and indicate the contact information to submit payment)		
Total reimbursement request		
<input type="checkbox"/> Credit card		
Contact name	Telephone number	Email address
<input type="checkbox"/> Check		
Supplier ID		
Contact name	Telephone number	Email address
Mailing address		
City	State	ZIP code
SECTION 5 – Signature		
By signing this form, I agree that the information contained here is accurate and true. I further understand that submission of false, misleading or fraudulent information may subject this employer to civil, criminal and administrative penalties.		
Submitted by (Printed name)	Title	
Submitted by (Signature)	Date	
SECTION 6 – For WSI use only		
Supplier ID	Amount of reimbursement	
WSI signature/approval	Date	
WSI review signature/approval	Date	
Notes		

SERVE AND PROTECT REIMBURSEMENT REQUEST

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Reimbursement Guidelines

Requests for reimbursement are for employers who employ paid, full-time firefighters or law enforcement officers. Requests must be received within 1 year from the date of medical exam.

Medical Exam Reimbursement

- Reimbursement is based on continuous years of service as a paid, full-time firefighter or law enforcement officer regardless of where the service occurred. (see NDCC § 65-01-15.1.3.a).
- The medical exam schedule is:
 - Upon hire
 - 1 to 10 years of service, medical exam every 5 years
 - 11 to 20 years of service, medical exam every 3 years
 - 21 or more years of service, medical exam every year
- The maximum reimbursement amount is up to \$250 per employee.
- WSI will accept one of the following as supporting documentation.
 - Copy of the paid invoice and proof of payment for medical exam (ex. cleared check, billing statement, or credit card receipt). The invoice must include the provider's name, location, and telephone number; employee's name; date of medical exam; and dollar amount.
 - Copy of the EOB and proof of payment if employer reimbursed the employee for the cost of the medical exam.

Questions relating to the program or reimbursement, contact the program specialist at 800-777-5033 or email at wsiserveprotect@nd.gov.

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