



DEPARTMENT OF THE NAVY
OFFICE OF THE UNDER SECRETARY
1000 NAVY PENTAGON
WASHINGTON, D.C. 20350-1000

23 February 2001

MEMORANDUM FOR DISTRIBUTION

Subj: REIMBURSEMENT FOR PROFESSIONAL LIABILITY INSURANCE (PLI)

Encl: (1) PLI Information Sheet
(2) SF-1164 and Instructions

Enclosure (1) provides information for determining eligibility for reimbursement of expenses for professional liability insurance (PLI). Qualified employees may receive up to one-half the cost of a covered premium, not to exceed \$150 per year. Qualified employees are law enforcement officers and supervisors and management officials as defined by 5 USC 7103(a). This includes members of the Senior Executive Service. Non-appropriated fund (NAF) employees and military personnel are not eligible for reimbursement.

The Naval Criminal Investigative Service (NCIS) will make position eligibility determinations for law enforcement officers. Other activities serviced by the Secretariat/Headquarters Human Resources Office (S/HHRO) may either appoint an official to make position eligibility determinations, or ask S/HHRO to make such determinations. Eligibility determinations for Senior Executive positions are not required.

Employees requesting PLI reimbursement should submit a completed SF-1164, Claim for Reimbursement for Expenditures on Official Business, and supporting documentation listed in enclosure (1) through their chain of command to AA/USN, Financial Management Division. Enclosure (2) contains a SF-1164 with instructions on its completion.

Questions regarding eligibility determinations and reimbursement procedures may be directed to NSIC Code 25, (202) 433-4027 for law enforcement officer positions and to S/HHRO 01, (703) 693-0886 for all other positions.


John H. La Raia
Assistant for Administration

Distribution:
(See next page)

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AA/USN Divisions

Professional Liability Insurance

The Department of Defense defines "Professional Liability Insurance" as insurance that covers:

1. Legal liability for damages due to injuries to other persons, damage to their property, or other damage or loss to such other persons (including the expenses of litigation and settlement) resulting from or arising out of any tortuous act, error, or omission of the covered individual (whether common law, statutory, or constitutional) while in the performance of such individual's official duties as a qualified employee; and
2. The cost of legal representation for the covered individual in the connection with any administrative or judicial proceeding (including any investigation or disciplinary proceeding) relating to any act, error, or omission of the covered individual while in the performance of such individual's official duties as a qualified employee, and other legal costs and fees relating to any such administrative or judicial proceeding.

The AA/USN will reimburse up to one-half the cost of a covered premium, not to exceed \$150 a year.

For more information go to:

http://www.cpms.osd.mil/fas/benefits/pdf/pli_all.pdf

| | | |
|--|---|-------------------|
| CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS | 1. Department or Establishment, Bureau, Division or Office Financial Management Division Assistant for Administration UNSECNAV | 2. VOUCHER NUMBER |
| | 3. SCHEDULE NUMBER | |
| | 5. PAID BY Symbol S371 PSD Washington DC Washington DC Date: _____ Accts; CRO, DFAS CL | |
| Read the Privacy Act Statement on the back of this form. | | |
| 4. a. NAME (Last, first, middle initial) | b. SOCIAL SECURITY NO. | |
| c. MAILING ADDRESS (Include ZIP Code) | d. OFFICE TELEPHONE NUMBER | |

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

| DATE | C O D E | Show appropriate code in col. (b): A--Local travel B--Telephone or telegraph, or C--Other Expenses (itemized) | MILEAGE RATE | AMOUNT CLAIMED | | | | |
|--|------------------|--|--------------|------------------|--------------|--------------|-------------------------|-----|
| | | | | MILEAGE | FARE OR TOLL | ADD PER-SONS | TIPS AND MISCEL-LANEOUS | |
| (a) | (b) | (c) FROM | (d) TO | (e) NO. OF MILES | (f) | (g) | (h) | (i) |
| (Explain expenditures in specific detail.) | | | | | | | | |
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| SUBTOTALS CARRIED FORWARD FROM THE BACK | | | | | | | | |

If additional space is required continue on the back.

7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) ▶ \$ **TOTALS**

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶

DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶

DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶

DATE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT \$

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

INSTRUCTIONS

Enclosure (2), is a SF-1164 attached as a *.pdf file that may be printed and typed for the PLI Reimbursement. Please ensure the following blocks are completed:

- 4(a) your name
- 4(b) social security number (SSN)
- 4(c) mailing address
- 6(a) date of claim
- 6(b) type Code C for Other Expenses
- 6(c) type PLI Reimbursement
- 6(i) type the amount

Also block 8 must be signed by an Approving Official within your chain of command, block 9 must be left blank for the Financial Management Division (FMD), Director, to authorize funds, and block 10 must be signed by the Claimant, the individual that is being reimbursed. Please make sure all mentioned blocks are completed before forwarding to FMD office for final approval. Documents must be delivered or mailed to the Assistant for Administration, Office of the Under Secretary of the Navy, Attn: Tiniki Jackson/Room 2507, 2 Navy Annex, Washington, DC 20370-5240. Original signatures are required for reimbursements.