U.S. Department of Housing and Urban Development
Office of Inspector General
451 7th St., SW
Washington, DC 20410

December 11, 2001

MEMORANDUM FOR: OIG Managers, Supervisors, Special Agents, and Auditors working on the Housing Fraud Initiative

FROM: Nicholas B. Kehoe, Assistant Inspector General, OMAP

SUBJECT: Reimbursement for Professional Liability Insurance

There is current legislation that allows agencies to pay as much as half the premium for professional liability insurance. Given the nature of our work and today's environment, we have decided that the OIG should take advantage of this opportunity to help provide such protection to our managers, supervisors, special agents, and auditors working on the Housing Fraud Initiative. At the present time, we are currently looking into the possibility of extending coverage to all OIG auditors. However, that may require supplemental legislation. We will keep you apprised of our efforts in this regard.

If you are interested in this coverage, eligible individuals are authorized to obtain the insurance on their own and then to be reimbursed for one-half of the annual premium up to a maximum of $260. Employees may be reimbursed for policies purchased after January 1, 1997. You may want to check to see if such insurance is available through any of the professional organizations to which you belong.

The attachment to this memorandum contains detailed information on eligibility, insurance requirements, and obtaining reimbursement. If you have any questions, please contact John Harr on 708-0006.

Attachments

Eligible Employees. All OIG Special Agents, supervisors, or management officials are eligible to participate in this program.

Insurance Requirements. The insurance must provide coverage for (a) 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 tortious 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 (b) the cost of legal representation for the covered individual in connection with any administrative or judicial proceeding (including any investigation or disciplinary proceeding) relating to any act, error, or omission of the covered individual's official duties as a qualified employee, and other legal costs and fees relating to any such administrative or judicial proceeding.

Reimbursement procedures.

Requests for reimbursement should be submitted to the servicing administrative accounting office on Form 1164-Claim For Reimbursement For Expenditures on Official Business, (copy attached). The Form must include; (a) obligation number; (b) employees Social Security number; (c) approving officials signature; and, (d) attached documentation evidencing the actual payment for the insurance.

You should obligate the reimbursement by individual payee under OIG subobject code 2536 - General Support Services - Other, organization code GFB and appropriation 6670189.

The flow of paper work and reimbursement is the same as that for submission of travel vouchers.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4. CLAIMANT

a. NAME *(Last, first, middle initial)*

b. SOCIAL SECURITY NUMBER

c. MAILING ADDRESS *(Include ZIP Code)*

d. OFFICE TELEPHONE NUMBER

5. PAID BY

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 19 (a)	CODE (b)	Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other Expenses *(itemized)* *(Explain expenditures in specific detail.)* (c) FROM	(d) TO	MILEAGE RATE ¢ NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD. PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM 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

ACCOUNTING CLASSIFICATION

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.

PAYMENT DESIRED *Sign Original Only*

☐ CHECK ☐ CASH

CLAIMANT SIGN HERE ▶ DATE

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.