**Section 755.30 Validity of Claims**

a) For a claim to be adjudged valid, the employee shall submit documentation required by the Department which proves to the satisfaction of the Department that:

1) The employee was covered by the District health insurance program offered through Mid-Continent during the eligible period;

2) The health care for which payment is requested was provided during the eligible period;

3) The health care costs claimed were eligible costs.

b) The Department shall verify eligible costs claimed and shall determine the validity of all claims based on the recommendation of the Administrator. The Department may reject all or portions of claims.

c) Claims must have been submitted on or before Friday, January 30, 1998. Claims received after the close of business on January 30, 1998 will not be eligible for consideration.