

Wellness Reimbursement Form

Use this form only if you are unable to apply through GHCMYChartSM. GHC-SCW members who get their insurance plan through a federal government employer are **NOT** eligible for the Wellness Reimbursement Program. *Only fill out one form per person.*

STEP 1. Who is being reimbursed? Self Spouse/Domestic Partner Child under 18 Child over 18

STEP 2. Fill out the following information below about the member being reimbursed.

Name: _____ Member Number: _____
Date of Birth: _____ Phone Number: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

**All fields above are required. Please print neatly.*

STEP 3. Select the reimbursement and submit the information required.

Reimbursement will only be approved if all information and attachments are provided.

Athletic Shoes:

Berkeley Running Company Fleet Feet Endurance House Movin' Shoes The Shoe Box
Date Purchased: _____ Attached Itemized Receipt

Community Classes (submit after completion):

Class Title: _____ Class Location: _____
Total Paid: _____ Date Completed: _____ Attached Receipt

Community Event (submit after completion):

Event Title: _____ Date of Event: _____ Attached Receipt
Total Paid: _____

Community Supported Agriculture (CSA):

Farm Name: _____ Total Paid: _____ Attached Receipt
Date Purchased: _____ Season Year: _____

Doula Services - MUST be listed on DONA.org website:

Doula's Name (printed): _____ Date Completed: _____ Attached Receipt

Exercise for Excellence:

Submit log with minimum of 120 workouts, including dates. Only one workout per day.

Fitness Center: _____
Number of Workouts: _____ Date Completed: _____ Attached Log

If you're unable to get a printout from your fitness center, use the tracking form on the back of this sheet.

Weight Management:

Minimum of three months of participation required. Only Weight Watchers, Jenny Craig and Healthy Woman will be approved. No food, drink or supplements will be approved.

Name of Program: _____ Participation Dates: _____ Attached Receipt

STEP 4. Send form and all attachments to:

GHC Administrative Offices
ATTN: Wellness
P.O. Box 44971
Madison, WI 53744-4971

 **Group Health
Cooperative**
of South Central Wisconsin
ghcscw.com

For questions, please contact
member services at **608-828-4853** or
email wellness@ghcscw.com.

*Please Note: Deadline for submission is
January 15 of the following year.*