

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 Morgan's Shoes
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



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.

Exercise for Excellence

Please enter the date of your workouts below (one workout per day).



Exercise for Excellence is part of the GHC-SCW Wellness Reimbursement Program. Members must work out a minimum of 120 times within a calendar year at a fitness center or health club to apply for reimbursement.



Use this form to track your workouts by writing the date of each workout on the lines provided.

For example: January 1, 2018.



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

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1	41	81
2	42	82
3	43	83
4	44	84
5	45	85
6	46	86
7	47	87
8	48	88
9	49	89
10	50	90
11	51	91
12	52	92
13	53	93
14	54	94
15	55	95
16	56	96
17	57	97
18	58	98
19	59	99
20	60	100
21	61	101
22	62	102
23	63	103
24	64	104
25	65	105
26	66	106
27	67	107
28	68	108
29	69	109
30	70	110
31	71	111
32	72	112
33	73	113
34	74	114
35	75	115
36	76	116
37	77	117
38	78	118
39	79	119
40	80	120