

Wellness Program Reimbursement Form



Cigna enrollees are eligible for reimbursement once per benefit year. This form and receipts must be received no later than **May 31, 2020** in order to receive benefit reimbursement. For questions or more information Contact the Human Resource Department at swoodbury@guildofstagnes.org

**** Please note the completion of the form does not guarantee reimbursement.****

Subscriber Information/The primary card holder

Subscriber's last name: _____

Address: _____

Subscriber's ID # located at the front of your card: _____

Activity for Reimbursement:

Type of activity/item	Program/Retailer Name	Benefit Year	Amount Requested

Information Needed for Reimbursement:

- This completed form
- A copy of any/all applicable health club contracts, personal fitness trainer agreement or a copy of the registration form for a school/town activity. The document must show the beginning and end dates of the activity.
- Dated original receipts or copies of bank statement showing the charge for membership, classes or equipment. We will only reimburse the amount reflected on the statements.
- Reimbursement is subject to approval by the Human Resource Department. This incentive is considered taxable income. Please allow 8 weeks for your reimbursement after the May 31st date.

Agreement

I certify that the information above is correct to the best of my knowledge.

Subscriber's signature: _____ Date: _____

Subscriber's Name: _____

(Print)

Reimbursements will be no greater than \$200 for an individual and \$400 for an Individual Plus One and/or a family plan. Amounts reimbursed will depend on the number of people who apply for this benefit.