

Wellness Reimbursement Form



of South Central Wisconsin

ghcscw.com

Only 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/Playtri Movin' Shoes
The Shoe Box/The Bargain Box Morgan's Shoes
Date Purchased: _____ Attached Itemized Receipt

Community Classes/Leagues:

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

Community Event:

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:

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

Exercise for Excellence:

Submit log with minimum of 90 workouts, including dates. Only one workout per day is accepted.

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:

Name of Program: _____ Participation Dates: _____ Attached Receipt

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

STEP 4. Send form and all supporting documentation to:

GHC-SCW 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**.

Submissions must be received at the GHC-SCW Administrative office or postmarked no later than January 31st of the following year after a program has been completed.

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. To apply for reimbursement, members must complete 90 workouts on 90 different dates within the calendar year utilizing a location/program for which you have a paid membership.



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



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

BETTER TOGETHER™

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	COMPLETE
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