

### Section 1 - REIMBURSEMENT REQUEST INSTRUCTIONS

**Step 1:** Complete this form to request your reimbursement of up to \$100 maximum per person, not to exceed \$200 per family per benefit period, for participating in qualified activities. You must have been benefit-eligible on the date the service is incurred. Remember to sign the form. \*LIFECENTER MEMBERS – visit the LifeCenter to register to receive up to \$200 per calendar year.

**Step 2:** Attach all necessary documentation. Please do not use highlighter on submitted documentation. Documentation must include the following:

Race Fees: Valid payment receipt AND Race results

Fitness Activity: Valid receipt of membership payment AND letterhead with authorized facility signature or report from facility indicating at least 120 session dates/year (1/1/2020-12/31/2020)

Failure to provide documentation may cause a delay in payment. Reimbursement is issued for amounts paid only. Please allow 4-6 weeks from receipt for reimbursement purposes. Retain a copy of all receipts and documents for your records

**Step 3:** Submit completed form and documentation to by 3/31/2021:

**Geisinger Health Plan**  
**P.O. Box 853910**  
**Richardson, TX 75085-3910**

\*You can also fax this form to: 855-897-6917. Please call the customer care team at 866-379-4465 if you have any questions.

### Section 2 – EMPLOYEE INFORMATION

Last Name	First Name, M.I.	Date of Birth	Health Plan Member ID #		
Address	New Address? Yes No	City	State	Zip Code	

### Section 3a – REIMBURSEMENT REQUEST: Fitness Activity\*

Fitness Facility- Name/Address	Time Period (To-From)	Amount Paid	Type of Documentation Included
			<input type="checkbox"/> Payment receipt and <input type="checkbox"/> Letterhead or <input type="checkbox"/> Itemized list of activity dates
			<input type="checkbox"/> Payment receipt and <input type="checkbox"/> Letterhead or <input type="checkbox"/> Itemized list of activity dates

\*Exclusions include gymnastics centers, country clubs, pool-only centers, sports teams and leagues, social clubs and tennis clubs, sports coaches, supplements, weight loss/meal replacement programs or the purchase/use of personal or at-home exercise machines. Family memberships require a form from each member seeking reimbursement.

### Section 3b – REIMBURSEMENT REQUEST: Race Fees\*

Name of Event	Date of Event	Amount Paid	Amount Requested

\* Service charges, processing fees, swag, supplies, and travel fees not included.

### Section 4 – TOTAL AND SIGNATURE

Total Reimbursement Request	\$
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To the best of my knowledge and belief, my statements for reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year for myself. I understand that I will be reimbursed according to the total amount of the eligible expenses on the attached receipts. I understand Geisinger may request additional information as deemed necessary to confirm activities were completed. I affirm that I have not already been reimbursed for these expenses.

Employee Signature

Date