

## Healthy Lifestyle Reimbursement Request

### Section 1 - REIMBURSEMENT REQUEST INSTRUCTIONS

Step 1: This form must be completed in full only for eligible expenses being requested. You must have been benefit-eligible on the date the service is incurred. Failure to complete all questions may cause a delay in payment.

Step 2: Attach all documentation pertaining to the service/product you are requesting reimbursement for. Please do not use highlighter on submitted documentation. Documentation must include: date of service, type of service, amount claimed (your portion of payment) and the person or organization providing the service.

Step 3: Submit the request and all applicable documentation to the address listed below:

Geisinger Health Plan  
PO Box 853910  
Richardson, TX 75085-3910

\*Please call 844-863-6850 with 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 3 - DEPENDENT INFORMATION

Last Name	First Name	Relationship	Gender	Date of Birth

### Section 4 - REIMBURSEMENT REQUEST:

Date of service	Expense Description	Person for Whom Expenses Incurred	Amount Requested
Total Reimbursement Requested:			

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 and/or my legal dependent(s). I understand that I will be reimbursed according to the total amount of the eligible expenses on the attached receipts. I affirm that I have not already been reimbursed for these expenses.

Employee Signature

Date