

1515 North Saint Joseph Avenue PO Box 8000 Marshfield, WI 54449-8000

1.800.472.2363 | 715.221.9555

TTY: 711

Healthy Living Reimbursement Request

Security Health Plan offers a healthy living benefit to reward you for engaging in health and well-being activities. The benefit is available to eligible Security Health Plan members age 18 and older. Limit, two members per family.

Please read the instructions for more information:

- Members eligible for this benefit are allowed to send in one reimbursement form per calendar year. Be sure to include all receipts for which you wish to be reimbursed with this form.
- A separate form is required for each eligible member requesting reimbursement. Reimbursement is limited to \$200 per family; \$100 per member.
- Reimbursement requests must be received no later than March 31 of the following year. Any requests received
 after this time for the previous calendar year will be denied.
 Example: If you send a request for reimbursement on April 1, 2018 (or later) for reimbursement for a 2017 gym
 membership, it will not be accepted.
- Reimbursements are based on the calendar year of the receipts.

 Example: If you are requesting reimbursement for 2017, your receipts must be dated for services rendered in 2017.

STEP 1: Complete the health assessment at www.securityhealth.org/wellness.

STEP 2:	Member requesting reimbursement			
	Employer/Sponsor name	SecurityHealth Plan		
	Subscriber number	Cultina and have	Promises kept, plain and simp	e. Medical Card
	Member number	Grp#: 987654	#: 050012345600 Active Advantage	
	(This is the number to the left of your name.)	00123456 00234567 01234567	John Doe Jane Doe Jack Doe	06/16/1960 01/16/1960 05/16/1990
	Date of birth	01876543	Jill Doe	04/16/1985
	(Fill out the information as it is listed on your medical ID card.)	Security Health Plan Customer Service 1-800-472-2363		
	Member home address			

STEP 3: Attach a copy of the paid receipts and mail to the address below with this form. Receipts must clearly indicate the name of the facility or program. Checks will be made payable to the subscriber.

Security Health Plan; Attn: Claims Department; PO Box 8000; Marshfield, WI 54449-8000

STEP 4: Sign below attesting that you participated in the activity for which you are requesting reimbursement.

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FOR INTERNAL USE ONLY						
HA Completion	TIN 39-1541217	CPT S9970	Dx code Y93.89	POS 99		
Date of service _	/	/	Amount			

About the healthy living reimbursement

Security Health Plan offers a healthy living reimbursement to reward you for engaging in health and well-being activities. Subscribers, their spouses or adult dependents (18 and older) are eligible for this benefit.

Members might be reimbursed up to \$100 maximum per member per calendar year (\$200 maximum per family per calendar year). Members cannot be reimbursed more than the cost incurred for membership/class.

This benefit is available through certain employer-sponsored plans. Check your Certificate Amendment to see if you are eligible and for additional information about the healthy living reimbursement. Your amendment can be found with your policy materials or through Security Health Online.

Healthy living-related programs for which you might be reimbursed:

- · Nutrition or wellness class
- · Gym or health club membership
- Exercise class or personal trainer
- Weight-loss program
- Adults only (age 18 years and older): Swim instruction or water exercise class

Activities NOT eligible for reimbursement

- Pool-only facilities (unless as part of a swim instruction or water exercise class)
- Social clubs
- Equipment
- Uniforms
- · Greens/Race fees
- Transportation
- Association memberships
- Lodging
- · Meals/Food
- Fitness clothing
- Vitamins
- Activities that are reimbursable under the member's insurance plan

If you have any questions, please contact Security Health Plan's Customer Service Department at 1.800.472.2363.

Notice of nondiscrimination: Security Health Plan of Wisconsin, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Limited English proficiency services

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY: 711).