**SELECTHEALTH ADVANTAGE® (HMO, HMO-SNP) WELLNESS REIMBURSEMENT REQUEST**

SelectHealth Advantage members are reimbursed **up to $240 per year** for wellness benefits, such as gym memberships, approved weight loss programs, nutritional services, and health education classes.

**PLEASE COMPLETE THIS FORM AND MAIL OR FAX IT ALONG WITH PROOF OF PAYMENT TO THE ADDRESS LISTED BELOW.**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Member ID# (found on your SelectHealth Advantage ID card)</th>
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Does this request include expenses incurred by a spouse who is also a SelectHealth Advantage plan member?  

- [ ] Yes  
- [x] No      

If so, please provide your spouse’s name and ID#.

<table>
<thead>
<tr>
<th>Spouse’s Name</th>
<th>Spouse’s Member ID#</th>
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What kind of wellness activity is your reimbursement for?

- [ ] Gym or Fitness Center  
- [ ] Nutritional Services  
- [ ] Weight Loss Program  
- [ ] Health Education

Name of the program, gym, or instructor

Street address

City_________ State_________ ZIP_________ Ph# (____) ________

On what date did you pay for the wellness activity? _____ / _____ / ______

What is the reimbursement amount requested for the wellness activity?

| My reimbursement amount (up to $240 per year) | $_________________________ |
| My spouse’s reimbursement amount (up to $240 per year) | $_________________________ |
| **Total reimbursement amount requested** | $_________________________ |

**MAIL OR FAX TO:**

P.O. Box 30196  
Salt Lake City, UT 84130-0196  
Fax: 801-442-0014  
selecthealth.org/medicare

**PLEASE ALLOW TWO TO THREE WEEKS FOR REIMBURSEMENT REQUESTS TO BE PROCESSED.**

Forms submitted without the necessary information and proof of payment may result in a delay in your reimbursement or may be returned for additional information.
So, what do you think?

Let us know how you plan to use your reimbursement and how this benefit has motivated you to improve your health.

Send us an email with “My Wellness Reimbursement Story” in the subject line to memberscomefirst@selecthealth.org.

Contact Us

Questions about benefits or wellness reimbursement? Call Member Services toll-free at 855-442-9900 during the following dates and times:

- **October 1 to March 31:**
  Weekdays 7:00 a.m. to 8:00 p.m.,
  Saturday and Sunday 8:00 a.m. to 8:00 p.m.

- **April 1 to September 30:**
  Weekdays 7:00 a.m. to 8:00 p.m.,
  Saturday 9:00 a.m. to 2:00 p.m., closed
  Sunday.

Outside of these hours of operation, please leave a message and your call will be returned within one business day. TTY users, please call 711.

You are eligible for reimbursement based on the date you actually pay the expense. For example, if you pay for a gym membership in December 2019, this is eligible for reimbursement under your 2019 benefit (see Chapter 4 of your Evidence of Coverage for additional details).

SelectHealth is an HMO, HMO-SNP plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.

SelectHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.


注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-442-9900 (TTY: 711)