

# Healthy Lifestyles Reimbursement



To qualify for reimbursement you must provide all of the information requested on this form and substantiate proof of enrollment, payment, participation and/or completion of a wellness oriented program. Such documentation should include receipts, membership contracts, enrollment forms and valid participation logs,

Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_ Applicable Calendar Year: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health plan ID# (found on your member ID card): \_\_\_\_\_

Telephone (day): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

## Reimbursement Request

I have completed all requirements for the programs indicated below and have attached the required documentation. Please process my reimbursement for: (Check all that apply.)

Weight Management/Wellness (Select one, once per year)

- Group Weight Management Classes – Weight Watchers, Jenny Craig, etc. (max \$200)
- Virtua Center for Healthfitness “Next Steps” Program (covers full program \$99)

Other:

- Smoking Cessation (max \$200)
  - Accredited Education Programs (does not include acupuncture, hypnosis, etc.)
- Mother/Baby Childbirth Classes (max \$50)

Mail your form and documentation to:

Aetna

P.O. Box 981106

El Paso, TX, 79998-1106

FAX: 859-455-8650

## Questions?

Contact Aetna Member Services at 800-288-8742, Monday through Friday, 8am to 6pm EST.

You must be a member of an Aetna Health Plan at the time of enrollment and program completion in order to receive your reimbursement. Copayments, deductibles, and coinsurance fees are not eligible for reimbursement. Reimbursement will not be issued if information is incomplete. Appropriate legal action will be taken on any falsified claims.