



Health Awareness Program Reimbursement Request Form

At New Hampshire Local Government Center (LGC) HealthTrust, we are committed to helping you stay healthy. That's why we reward you for participating in activities that can lead to a healthier lifestyle.

Health Awareness Program reimbursements are available to subscribers, spouses and retirees who complete a Personal Health Analysis (PHA). Children under 18 years of age also qualify for program reimbursements (except for fitness facility memberships, over-the-counter tobacco cessation products* and one-on-one classes/counseling for nutrition or personal training) if the parent considered "primary" on their medical coverage completes a PHA.

The PHA must be completed to qualify for the *Health Awareness* Program's annual reimbursement of \$300.

*When used while attending a smoking cessation class, which is also reimbursable.

INSTRUCTIONS:

- 1) Confirm the program you've chosen is certified for reimbursement by reviewing the *Health Awareness List of Approved Programs* (posted in "HealthTrust Online" portion of LGC Web site at www.nhlgc.org) or by calling LGC's Member Services Department at **800.527.5001**.
- 2) Complete this *Health Awareness Program Reimbursement Request Form*.
- 3) Have the program instructor complete and sign the "Instructor Verification" section of this form (on reverse side).
- 4) Submit this form, with your receipt of program payment, to **NH Local Government Center HealthTrust, *Slice of Life*, P.O. Box 617, Concord, NH 03302-0617**.



NOTE: LGC HealthTrust reimburses all eligible, health-insured members up to \$300 for approved programs taken each calendar year. Programs begun in a given calendar year and completed the following year will be reimbursed from the following year's available *Health Awareness* dollars. To be eligible for *Health Awareness* reimbursement, you must submit a *Health Awareness Program Reimbursement Request Form* within six months of completing an approved program and be insured by LGC HealthTrust for its duration. Reimbursement is generally mailed within 4-6 weeks of LGC's receipt of a request form.

REIMBURSEMENT REQUEST FORM

Slice Of Life: Steps to Get Healthy

CHECKLIST:

- I attended at least 75 percent of the sessions.
- My instructor has signed this form to verify my attendance.
- I have enclosed my receipt for payment of this program.
- My LGC HealthTrust health plan was in effect for the duration of the program.
- I have completed and submitted a PHA.

For gym memberships (in addition to above checklist):

- I am an LGC HealthTrust (*circle one*):
subscriber spouse retiree adult dependent (18 years or older)
- I have attached a gym attendance printout verifying twice weekly attendance.
- I have attached a gym membership payment receipt.

PARTICIPANT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Identification or Social Security No.*: _____

Your Signature: _____ Date: _____

* Identification number can be found on your medical ID card.

PROGRAM INFORMATION

Program Title: _____

Provider: _____

From (date): _____ To (date): _____

Number of sessions in program: _____ Cost¹: _____

Cost of over-the-counter smoking deterrent: _____

¹Attach receipt(s).

INSTRUCTOR VERIFICATION

I attest that the individual has attended at least 75 percent of the sessions for the program and that the program information on this form is correct.

I am certified to teach this course.

Instructor Signature: _____ Date: _____

Print Name: _____ Phone: _____

Provider/Facility Name: _____