HVI WEIGHT MANAGEMENT
REIMBURSEMENT REQUEST FORM
FOR PSHMC EMPLOYEE/SPOUSE/DOMESTIC PARTNER

To receive reimbursement, please fill out this form completely. Please print.

2012

REIMBURSEMENT FOR: (check *one*) ☐ **EMPLOYEE** ☐ **SPOUSE/DOMESTIC PARTNER**

EMPLOYEE'S LAWSON ID# _____

PARTICIPANT NAME: _____ **EMPLOYEE NAME:** _____

ADDRESS: _____

CITY_____ **STATE:** _____ **ZIP CODE:** _____ **PHONE:**_____

There is a maximum reimbursement of $200 per member per calendar year for any combination of weight management programs (Drop 10 in 10, Weight Watchers, and HVI Programs). Highmark will send reimbursement check to member within 90 days of receipt.

TOTAL EXPECTED REIMBURSEMENT: $_____

Since enrollment in the HVI program this year, participant: (check *one per line*)

☐ Gained weight. ☐ Lost weight (how much? _____ lbs.) ☐ Stayed the same weight (within 1 lb)

☐ Decreased waist/hip measurement by **less than** 1in. ☐ Decreased waist/hip measurement by **greater than** 1in.

Note: To receive reimbursement, this form must be signed by the Instructor & then by the HMC Wellness Program.

Program Signature: I verify that the member named above has completed the Weight Management Program.

Signature: _____ Printed Name: _____ Date: _____

PSHMC Wellness Program: I verify that the member above is covered under HMC's Health Plan with Highmark Blue Shield as their Medical Insurance Carrier.

Signature:_____ Date: _____

PLEASE INCLUDE PROOF OF PAYMENT (CARD/BANK STATEMENT, RECEIPT, CANCELLED CHECK, ETC)

PLEASE NOTE: Requests must be submitted within 31 days of the class completion date to be eligible for reimbursement.

Send this form & proof of payment to:
Human Resources: Employee Wellness Program
Mail Code A590
Attn: Lynley Lapp
wellness@hmc.psu.edu