

Wearable Wireless Activity Tracker Reimbursement Form

The wearable wireless activity tracker benefit offers eligible members the opportunity to be reimbursed 50% of the cost of any wearable wireless activity tracker of your choice (up to \$50 each for subscriber and their covered spouse/domestic partner).

Important: Please complete one claim form per member. Form must be completed in its entirety, or the processing of your reimbursement may be delayed or denied.

Independent Health Use Only

Ref # _____
D/e Date _____
D/e By _____
Check # _____
Paid on _____

HOW REIMBURSEMENT WORKS

This form should be used for seeking reimbursement for the purchase of a **wearable wireless activity tracker**. The reimbursement period begins on your plan effective date and ends at the end of your plan year or upon termination. Please fax or mail this form and itemized receipt to:

Independent Health
Attn: Reimbursement Accounts – Unique Benefits
P.O. Box 9066
Buffalo, NY 14231
Fax (716) 774-8092

Please enclose a copy of the paid itemized receipt – includes date of purchase and description of item. Be sure to cross out any personal account information. Cancelled checks are not acceptable in lieu of a paid receipt.

Section 1 – Information (please print)

Name of Member _____ Date of Birth of Member _____
Independent Health ID Number (*refer to member ID card*) _____
Address _____
Phone Number () _____

Section 2 – Information (please print)

Date of purchase _____ Total amount of request (*receipt must be attached*) \$ _____
Name of store where item was purchased _____
Address of store where item was purchased _____
Type of wearable wireless activity tracker purchased _____

Section 3 – Subscriber Signature

To the best of my knowledge and belief, my statements in this reimbursement form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible members. I certify these expenses have not been previously reimbursed in this or any other benefit year.

Subscriber's Signature _____ Date _____

If you have any questions regarding your reimbursement, please call us at (716) 631-8701 or 1-800-501-3439.