

2023 Wellness Reimbursement

Claim Submission Form



To be considered a valid claim, submit your itemized receipt or statement along with this completed claim form containing the required information.

Employee, Retiree, Spouse and Domestic Partners are eligible for these benefits, dependent children are not.

To submit for the gym reimbursement benefit, you will need to submit an itemized receipt showing the cost paid and verification that you used the gym services or subscription at least a minimum of 8x during the prior month.

If sufficient documentation is not received, claim will not be processed.

Name of Employer: **LVMPD Employee Metro Health Trust**

Plan Group Number: **76-420064**

Name of Employee / Retiree: _____

P# / UMR ID: _____

Name Spouse/Domestic Partner (if applicable): _____

Date of Birth: _____

Employee/Retiree Phone # and/or Email Address: _____

Facility / Provider / Event / Gym: _____

Facility / Provider / Event / Gym Address & Phone: _____

Date(s) of Service: _____

Total Amount Paid: \$ _____ Amount Requested (\$300 max / year): \$ _____

Request By: Print Name and Sign _____

Date _____

The above reimbursements will automatically be paid by UMR, with a Check or Direct Deposit (see attached instructions on Direct Deposit set-up) to your bank account. You may submit your claim to UMR by one of the following methods:

FAX: 855-405-2189	Mail: UMR P.O. Box 8033 Wausau, WI 54402-8033	Email PDF of claim & receipts to: UMR-ClaimSubmission@umr.com
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