



Wellness Claim Form 2011

<p>SECTION 1: MEMBER INFORMATION</p> <p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>ID# _____</p> <p>Site: _____</p> <p>Date of Hire: _____</p>	<p>SECTION 2: Group # 001AE1</p> <p>BENEFIT REQUESTED</p> <p>Gym Reimbursement (Max of \$30 per Month)</p>
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SECTION 3: SERVICES FILED FOR REIMBURSEMENT			
Dates Attended	Type of Service	Charge	Total Reimbursement Requested

Authorization for claims payment:

I hereby attest that the above filed claim is in reference to myself or my covered dependent on the CDS Health Plan.

Signature _____ Date _____

HR Signature _____ Date _____

EACH CHARGE MUST BE LISTED SEPARATELY. PLEASE ATTACH ALL RECEIPTS.

Submit this form and supporting documentation to CDS Human Resources Department in Augusta.