



HEALTH AWARENESS PROGRAM

REIMBURSEMENT REQUEST FORM - 2017

Your health and safety is our goal. That's why our *Health Awareness Program* reimburses you for completing health and safety classes that may provide the extra incentive you need to make important changes in your life. Whether you want to stop smoking, manage stress, achieve and maintain a healthy weight, exercise more, or learn ways to keep you and your family safe, we support and encourage your efforts.

Enrollee Eligibility

You must be enrolled in HealthTrust medical coverage and complete the Health Assessment ("HA") online through your secure account at www.healthtrustnh.org in the current calendar year to be eligible for the *Health Awareness Program*. The date you complete the HA will determine your date of eligibility for the *Health Awareness Program*, as shown in the following chart. Additional eligibility requirements can be found at www.healthtrustnh.org.

HA Completion Month	Health Awareness Program Effective Date
January, February, March	January 1
April, May, June	April 1
July, August, September	July 1
October, November, December	October 1

Amount Available for Reimbursement

Enrollees and covered spouses may be reimbursed up to

\$100

once Health Assessment is completed.

Covered dependent children may be reimbursed up to

\$200

once enrollee completes Health Assessment.

Eligible In-Person and (New for 2017!) Online Programs

Classes and programs related to fitness, nutrition, stress management, tobacco cessation, first aid, and other health or safety related topics are eligible for reimbursement through the *Health Awareness Program*. Please log in to your secure account at www.healthtrustnh.org for detailed lists of eligible programs.

Enrollees and Spouses

Examples of eligible classes/programs:

- Fitness (Zumba, Pilates, etc.)
- Anxiety & Stress Management
- CPR/First Aid
- Defensive Driving/Driver Safety

Covered Dependent Children

Examples of eligible classes/programs:

- Fitness (Dance, Gymnastics, Martial Arts, etc.)
- Babysitting Classes
- Diabetes Education Classes
- CPR/First Aid

Programs that are not eligible include sports teams/leagues, recreational activity programs (such as paintball), medical treatments, and programs that are not specifically health or safety related.

Eligible Fitness Devices (Fitbits, Garmins, and more!)

Enrollees and spouses may receive up to \$100 of the *Health Awareness Program* reimbursement amount toward the purchase of an eligible fitness device (purchased January 1, 2017 or after) once that device is connected to the Onlife Health portal through www.healthtrustnh.org. Dependents are not eligible for this program. Please log in to your secure HealthTrust account and click on the Onlife Health button for detailed information about this program, including a list of eligible devices.



NEW FOR
2017!

Health Awareness Program Reimbursement Request Form - 2017

This form must be submitted within **2 calendar months** of device connection or completion of an eligible class/program.

- 1) Complete steps 1, 2 and 3 below. If form is incomplete, it will be returned for completion and resubmission.
- 2) Submit this form, along with your payment receipt and program description by mail, email or fax:
 - **HealthTrust, Slice of Life, PO Box 617, Concord, NH 03302-0617**
 - **Email: healthawareness@healthtrustnh.org; Fax: 603.415.3095**

STEP 1 Participant Information

Name _____ Parent Name (if participant is a child under age 18) _____

Mailing Address _____ City _____ State _____ Zip _____

Date of Birth _____ Phone _____ Email _____

Signature of participant (or parent if participant is under age 18) _____ Date _____

By signing this form, I attest to the accuracy and truthfulness and will provide further documentation to HealthTrust upon request. I understand that any misrepresentation may result in disqualification for *Health Awareness Program* reimbursement.

STEP 2 Checklist for Health Awareness Program Reimbursement

A. This section to be completed by activity participant or parent (if submitting for a dependent):

In-Person Classes

- My HealthTrust medical plan was in effect for the duration of the class/program.
- I completed my Health Assessment (HA) within the same quarter (or prior to) completing the in-person class/program.
- I have attended at least 75% of an eligible in-person class/program.
- I have enclosed my receipt and a program description (brochure or printed off website).
- I have had the class/program instructor attest to completion in Step B below.

Online Classes

- My HealthTrust medical plan was in effect for the duration of the class/program.
- I completed my Health Assessment (HA) within the same quarter (or prior to) completing the online class/program.
- I have completed an eligible online class/program.
- I have enclosed my receipt and a program description (brochure or printed off website).
- I have included proof of completion of the online class/program (such as printed certificate of completion).

Fitness Devices (Dependents not eligible)

- My HealthTrust medical plan was in effect when I purchased the device.
- I have purchased an eligible fitness device on or after January 1, 2017.
- I completed my Health Assessment (HA) within the same quarter (or prior to) connecting my device.
- I have connected my device to the Onlife Health portal through www.healthtrustnh.org within 2 calendar months of purchase.
- I have enclosed my receipt for the fitness device.

B. Applicable to In-Person Classes Only - This section to be completed by the class/program instructor:

- I attest that the individual has attended at least 75% of the sessions for the program and that the program information on this form is correct.
- I am certified to teach this course.

Instructor Name _____ Company Name _____

Website _____ Phone _____

Instructor Signature _____ Date _____

STEP 3 Reimbursement Information

Class/Program/Device name _____ Number of sessions in program _____

Activity period from (date) _____ to (date) _____ Reimbursement amount \$ _____

Please allow 4-6 weeks to process your reimbursement request.

Program subject to change without notice. For additional information, including a list of programs that are eligible for reimbursement, visit www.healthtrustnh.org or contact HealthTrust's Enrollee Services Department at 800.527.5001 or enrolleeservices@healthtrustnh.org.