



Good Health Bonus Reimbursement Request

Physicians Plus supports your healthy lifestyle!

We provide the annual \$100 or \$200 Good Health Bonus reimbursement; you decide how to earn it! Members with single contracts can receive up to \$100 per year. Members with family contracts can receive up to \$200 per year per family. The Good Health Bonus program is not available to BadgerCare Plus members. Please allow 6-8 weeks to receive your Good Health Bonus reimbursement reward. ***Submissions must be postmarked to Physicians Plus by January 31st.***

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

Physicians Plus Member Number: _____

Amount Paid: _____ Reimbursement Year: _____

Please indicate which type of reimbursement you are requesting:

Health & Fitness Facility Membership

*Please include proof of payment made in the same calendar year you are seeking reimbursement.

Health & Fitness facility name: _____

Eat Healthy Rebate

*Please include a copy of your Farm Share signup form.

Name of CSA Farm: _____

Good Health Bonus Approved Class

Class attended: _____ Location: _____

Class completion date: _____ Amount paid for class: _____

Instructor's signature: _____

For **Weight Watchers® reimbursement, please complete the **Weight Watchers**® Program Participation Validation Form.*

Please complete and return this form to: **Physicians Plus**
Or email to: **ppicinfo@pplusic.com** **Attn: Good Health Bonus**
Or fax to: **608-327-0321** **2650 Novation Parkway**
Madison, WI 53713

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