



## Flu Shot Reimbursement - John Deere 2012

First Name:	
Last Name:	
Address:	
City, State, Zip:	
Phone Number:	
Email:	
Name of Flu Shot Provider:	
Location of Flu Shot Provider:	
Date of Flu Shot:	
Cost of Flu Shot:	

**IMPORTANT NOTES:** Family members (spouse/children) are not eligible for reimbursement through this program and should make an appointment with their healthcare provider to receive a flu shot through their respective health insurance carrier.

Reimbursement checks may take up to 6 weeks to process and will be mailed to the address noted above.

### INSTRUCTIONS:

**Please mail or fax this form, along with a copy of your flu shot receipt or consent form (must include price of flu shot) to:**

Summit Health

Attention: Lisa Forgach

27175 Haggerty Road

Novi, MI 48377

Fax: (248) 416-1512 Phone: (248) 416-1624

***MUST BE POSTMARKED BY January 31, 2013 to receive reimbursement***