



## 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.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physicians Plus Member Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Reimbursement Year\*: \_\_\_\_\_

**Submissions must be postmarked to Physicians Plus by January 31<sup>st</sup> of the following 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 proof of payment or a copy of your Farm Share signup form.

Name of CSA Farm: \_\_\_\_\_

**Good Health Bonus Approved Class**

Class attended: \_\_\_\_\_ Location: \_\_\_\_\_

Class completion date: \_\_\_\_\_ Instructors signature: \_\_\_\_\_

**Healthy Woman**

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

**Weight Watchers** Traditional program:  Community program:  Online program:

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

Please complete and return this form to:

Or email to: [ppicinfo@pplusic.com](mailto:ppicinfo@pplusic.com)

Or fax to: **608-327-0321**

**Physicians Plus**

**Attn: Good Health Bonus**

**2650 Novation Parkway**

**Madison, WI 53713**

**P+5754-1411**

*\*\*Please note: wellness reimbursement payments may be taxable income. Please consult your tax advisor for additional information.*