Weight Loss Program Reimbursement Form

Did you know that you can submit your claims reimbursement request online? Just log in to My Plan at hpiTPA.com.

Employer Name: _____ **Group Number:** _____

WHAT TYPES OF WEIGHT LOSS PROGRAMS QUALIFY UNDER THIS BENEFIT?

- Weight loss programs such as Weight Watchers®, Jenny Craig or other weight loss programs qualify.
- Examples of programs that DO NOT qualify for reimbursement include: fees for personal trainers or instruction-only classes; membership fees for tennis, aerobic or pool-only facilities; fees for sports teams and leagues.

WHEN TO SUBMIT THIS FORM:

- Please refer to your Plan Document or your Summary of Benefits and Coverage for specific details concerning this benefit, including limits and/or restrictions, under your plan.
- Once all sections have been completely filled out and signed by the employee, please mail the completed form with all necessary documentation (copies of receipts and your weight loss program agreement form) to HPI.

Employee Information

Employee Last Name	*First Name*	*MI*	*HPI Member ID#*

Mailing Address	*City*	*ST*	*ZIP Code*

Date of Birth	*Email Address*	*Primary Phone*

Member/Dependent Information

Reimbursement is requested for the following participant *(please check)*:

☐ Employee ☐ Spouse/Partner ☐ Child/Other Dependent ☐ Ex-Spouse

If reimbursement is requested for a participant *other than the employee*, please provide the dependent information below:

Last Name	*First Name*	*MI*	*Gender*	*Date of Birth*	*Relationship*

Weight Loss Program Information

Please provide the following information:

DATES ATTENDED: FROM: MM/DD/YYYY TO: MM/DD/YYYY	**WEIGHT LOSS PROGRAM NAME**	**ADDRESS, CITY & STATE**	**PHONE NUMBER** *(incl. Area Code)*	**$ AMOUNT CLAIMED**
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I certify that the information on this form and all supporting documents are complete, accurate and unaltered.

Signature: _____ _____

Signature of Employee *Date Signed*

Submit this completed form and your supporting documentation to:

Health Plans, Inc. (HPI) — Corporate Headquarters • PO Box 5199 • Westborough, MA 01581 • 800-532-7575