Get healthy and get money back!

Brown University Health wants to reward you for being healthy by giving you up to $150 back per household on qualifying wellbeing expenses. This benefit is available to all benefit-eligible employees, regardless of insurance coverage.

1. Save your itemized receipt from any qualifying expense listed below.
2. **NEW! Submit your Wellbeing Reimbursement Request directly through BlueCare Connect.** Once you have accumulated $150 in eligible expenses, submit the Wellbeing Reimbursement Request Form along with all supporting receipts to the BCBSRI Claims Department. Requests may be submitted by mail or through BlueCare Connect. See the reverse side for submission instructions.

Qualifying Expenses:

- Gym membership
- Activity tracker
- Running or exercise shoes
- Exercise equipment
- Fitness or meditation classes (in person or on demand)

Need some fitness gear? Activity tracker? Shoes?

Head over to **Blue365deals.com** to see how much you can save with offers from 45 national brands, from Fitbit® to Reebok®. Just for being a Blue Cross member.

Always consult a physician before beginning any new exercise program.

Form on back of page >

WELLBEING REIMBURSEMENT REQUEST

PLEASE PRINT ALL INFORMATION CLEARLY

Blue Cross Blue Shield of Rhode Island

This wellbeing reimbursement applies one form per family, per calendar year.
All wellbeing reimbursement requests must be submitted by March 31 of the following year.
Reimbursement will be paid to the active Brown University Health employee.

Brown University Health employee or subscriber information

Brown University Health Employee ID Number or Subscriber ID Number

Employee's Last Name | First Name | M.I. | Date of Birth (MM/DD/YYYY)

Address – Number and Street | City | State | ZIP Code

Wellbeing item details

Total Dollars Requested: $ | Calendar Year

Home Exercise Equipment or Gear: $ | Other: $

Membership Fees: $ | Fitness Class Fees: $ | Activity Tracker: $

Valid proof of payment must be attached. Acceptable forms are: itemized receipt for activity tracker, itemized receipt from fitness club or group exercise facility, a credit card statement indicating fitness club or exercise payment, or a letter on letterhead with an authorized signature indicating dates, line items, and payment amount.

Certification (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and accurate and that I have not previously submitted for these services. I understand that this reimbursement may be considered taxable income. I also understand that Blue Cross & Blue Shield of Rhode Island may request any additional information it deems necessary to verify that services were received and payment was made.

Employee's Signature | Date (MM/DD/YYYY)

TO SUBMIT BY MAIL, COMPLETE THIS FORM AND MAIL IT TO:

BCBSRI Claims Department
500 Exchange Street
Providence, RI 02903-2699

If you have questions about the program or this form, please call the **Brown University Health Employee CARE Center** at (401) 429-2102 or 1-866-987-3706. The CARE Center hours are **Monday – Friday, 8:00 a.m. – 8:00 p.m.**, and **Saturday, 8:00 a.m. – noon**.

TO SUBMIT THROUGH BLUECARE CONNECT:

1. **Log in to BlueCare Connect** and go to **Benefits** > **Submit a Claim**.
2. Follow the prompts to complete your submission.
3. Upload your completed form and supporting receipts as one attachment.

Not registered for BlueCare Connect?
Visit **bluecareconnectri.com** to create your account and access claim submission tools.

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.