



Local Government Center

Slice of Life

HEALTH AWARENESS PROGRAM REIMBURSEMENT REQUEST FORM



At New Hampshire Local Government Center (LGC) HealthTrust, we're committed to helping you stay healthy and reward you for participating in activities that can lead to a healthier lifestyle.

Health Awareness program reimbursements of up to \$300 per calendar year are available to subscribers, spouses and retirees who complete a *Get Healthy* Personal Health Analysis (PHA). Children also qualify for program reimbursements* if the parent considered "primary" on their medical coverage completes a PHA.

*Fitness facility memberships, self-reported physical activity, tobacco cessation products (if used while participating in an approved smoking cessation program) and one-on-one classes/counseling for nutrition or personal training are not available to dependents under 18 years of age.

Important Notes:

- Programs will be reimbursed from the calendar year in which the program was completed.
- To be eligible for *Health Awareness* program reimbursement, you must **submit a *Health Awareness Program Reimbursement Request Form* within six months of completing an approved program**, be a medically covered member of LGC HealthTrust for the approved program's duration and have completed a PHA for that calendar year.
- Reimbursement is generally mailed within 4–6 weeks of LGC's receipt of a request form.

For more program guidelines and additional forms, visit www.nhlgc.org (click on HealthTrust Online) or contact LGC's Member Services Department at **800.527.5001** or memberservices@nhlgc.org.

Class/Training and Fitness Facility Memberships Reimbursement

Instructions:

- 1) Have the program instructor complete and sign this form's "Instructor Verification" section (below) if you are requesting a class or training reimbursement.
- 2) Submit this form, along with your program payment receipt and, if applicable, gym attendance printout, to:
NH Local Government Center HealthTrust, *Slice of Life*, PO Box 617, Concord, NH, 03302-0617.
You can also e-mail scanned forms to: *risk&health@nhlgc.org*.

Step 1. Participant Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Medical Plan ID or Social Security No.: _____

Signature: _____ Date: _____

Step 2. Complete appropriate checklist below:

Checklist for Approved CLASS/TRAINING Reimbursement

- I have completed and submitted a *Get Healthy* Personal Health Analysis (PHA) this calendar year.
- I attended at least 75 percent of the class/training.
- I have enclosed my receipt for payment of this program.
- My LGC HealthTrust medical plan was in effect for the duration of the program.

Instructor Verification:

- I attest that the individual has attended at least 75 percent of the sessions for the program and that the program information on this form is correct.
- I am certified to teach this course.

Instructor Signature: _____

Print Name: _____

Company Name: _____

Date: _____

Phone No. _____

Checklist for FITNESS FACILITY MEMBERSHIPS Reimbursement

- I have completed and submitted a *Get Healthy* Personal Health Analysis (PHA) this calendar year.
- I am an LGC HealthTrust (*circle one*):
subscriber spouse retiree
dependent (18 years or older)
- I have attached an attendance printout verifying a minimum of 8 facility visits per calendar month.
- I have enclosed my payment receipt for this membership, indicating its cost and applicable dates.
- My LGC HealthTrust medical plan was in effect for the duration of the program.

Facility Name: _____

Facility Phone No. _____

Membership Type (*circle one*):

Single Family 2-Person

Membership Fee: \$ _____ per month

Step 3. Reimbursement Information

Class/training title or fitness facility name (*if applicable*): _____

Claim period from (*date*): _____ to (*date*): _____ Number of sessions in program: _____

Reimbursement amount: _____ Cost of smoking deterrent (*if applicable*): _____

Self-Reported Physical Activity Request Form

Instructions:

- 1) Mail this form section to:
NH Local Government Center HealthTrust, *Slice of Life*, PO Box 617, Concord, NH, 03302-0617.
 You can also e-mail scanned forms to: *risk&health@nhlgc.org*.

- 2) Complete and submit this form section to receive \$25 for each month with the required number of self-reported physical activities logged below.

Step 1. Participant Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Medical Plan ID or Social Security No.: _____

Signature: _____ Date: _____

Step 2. Complete checklist and physical activity log below.

**Checklist for
SELF-REPORTED
PHYSICAL ACTIVITY**

I have completed and submitted a *Get Healthy* PHA this calendar year.

I am a LGC HealthTrust (*circle one*):
 subscriber
 spouse
 retiree
 dependent (18 years or older)

I have completed the physical activity log verifying a minimum of 30 minutes of physical activity on each of 8 dates per calendar month.

My LGC HealthTrust medical plan was in effect for the duration of my self-reported activity.

Physical Activity Log (*circle dates you engaged in 30+ minutes of physical activity and total those days*):

Jan	Feb	Mar	April	May	June
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Total	Total	Total	Total	Total	Total
July	Aug	Sept	Oct	Nov	Dec
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
Total	Total	Total	Total	Total	Total



Local Government Center

New Hampshire Municipal Association
Workers' Compensation Trust
Property-Liability Trust
HealthTrust

P.O. Box 617 • Concord, NH 03302
Toll Free: 800.527.5001 • Local: 603.226.2861 • Fax: 603.224.6093
Website: www.nhlgc.org