

STAPLES WELLNESS CLAIM FORM

PLEASE PRINT ALL INFORMATION CLEARLY

MEMBER INFORMATION (Person in whose name coverage is held)

CIGNA ID Number	Member's Last Name	First Name	Middle Initial
Address - Number & Street		City	State Zip Code
Gender	Claimant is (Check one)	Claimant Name:	
1. <input type="checkbox"/> Male	1. <input type="checkbox"/> Subscriber		
2. <input type="checkbox"/> Female	2. <input type="checkbox"/> Spouse		
	3. <input type="checkbox"/> Dependent Child		

WHEN TO SUBMIT THIS FORM:

- After you have collected receipts from your qualified Health Club, Weight Loss Program or Fitness Equipment Purchase.
- This benefit allows a reimbursement based on the plan year (July-June). Please note, the benefit maximum is a dollar reimbursement per family per plan year.

INFORMATION REQUIRED

(Attach itemized 8.5 x 11 photocopies of paid receipts and a copy of your health club contract, weight loss program contract and/or fitness equipment detail obtained with purchase)

Please identify the name of the Health Club, Weight Loss Program or name of Fitness Equipment (treadmill, elliptical, etc) being submitted for reimbursement:	Date Health Club Membership began, Weight Loss Program began or date of fitness equipment purchase:	Total amount submitted for reimbursement:

TOTAL CHARGES: \$ _____

All Wellness Benefit payments will be sent to the Employee's address on file.

CERTIFICATION AND AUTHORIZATION (This form must be signed and dated below)

I authorize the release of any information to CIGNA HealthCare, Inc. about my wellness reimbursement. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services, during this plan year.

Employee's/Member's Signature: _____ Date: _____

Please mail this form (including copies of paid receipts) to:

CIGNA Healthcare Scranton Service Center
 Attn: STAPLES ACCOUNT
 PO Box 3299
 Scranton, PA 18505-0299



Note: The program is provided and funded by Staples, Inc. CIGNA HealthCare acts as administrator only.

WELLNESS BENEFIT DETAIL:

THIS DOCUMENT IS INTENDED TO BE EDUCATIONAL AND DOES NOT NEED TO BE RETURNED WITH THE ABOVE CLAIM FORM:

Staples Wellness Benefit: The Wellness benefit includes Fitness Memberships, Specific New Gym Equipment and Weight Loss claims. There are two unique groupings for these benefits, Weight Reduction and Fitness Reimbursement:

The **Weight Reduction** benefit will allow reimbursement up to \$300 per family, per plan year.

Qualifying Weight loss programs include: traditional Weight Watcher meetings, the Weight Watchers at Work program and hospital-based weight loss programs qualify for the Weight Loss Benefit.

Excludes: The Weight Watchers Online, Weight Watchers At Home programs, and fees paid for any other weight loss programs. Fees paid for individual nutrition counseling sessions, food, books, videos, scales, or other items not included as part of the fee for the course or class do not qualify.

The **Fitness Reimbursement** benefit will allow a benefit of up to \$300 for a gym membership and/or the purchase of the below new equipment:

- Treadmill
- Stair Master
- Elliptical
- Stationary bike

Fitness Club/Gym reimbursement include membership fees for ongoing monthly/yearly dues.

Equipment purchases must be for new equipment purchased at an established retail outlet after July 1, 2011. Please include with your submission an itemized store receipt which includes the item description, date of sale and total item cost clearly identified, Credit Card receipts or statements will not be accepted. This benefit does not include reimbursement for any used equipment; it is for new equipment only. **The combined benefit maximum (fitness club membership, equipment or a combination of both) will be a reimbursement maximum of \$300 per Contract Year, per Family.**

Claim forms are available both on the Staples@work web-site and on Staples Benefit Resource Center. The claim should be sent to:

*CIGNA Healthcare Scranton Service Center
Attn: Staples Account
PO Box 3299
Scranton, PA 18505-0299*

The claim form must be signed and dated and submitted to the address on the Form - Must submit:

- COMPLETED Claim form, must include the name of the family member receiving the benefit.
- Copy of the Fitness Club or Weight Loss Program contract with name & address of facility
- Proof of payment
- If submitting for equipment, must be for new equipment purchased at an established retail outlet after July 1, 2011. Claim submission must include an itemized store receipt which includes the item description, date of sale and total item cost clearly identified; Credit Card receipts will not be accepted.

All claims are direct submit claims from the Member, please do not fax, all detail must be mailed to the above address with the Wellness Claim form.

Note: THERE IS A ONE YEAR timely filing limitation for these claims.

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