



2016 Healthy Balance Rebate

Well 300
Office Use Only

For State of Wisconsin Group Health Insurance Program Members

\$100 per single contract, \$200 per family contract Healthy Balance Rebate!

Members with single contracts may receive up to \$100 per year. Members with family contracts may receive up to \$200 per year per family. Healthy Balance Rebate checks will be issued quarterly (April, July, October, and the following January). 2016 rebates are only allowed for payments incurred in 2016.

For additional questions, refer to the **Healthy Balance Rebate FAQs** at WeaTrustStateHealthPlan.com or contact WEA Trust's Customer Service Advocates at weatrust.com/contactus or call 800.279.4000.

Name (First and Last): _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

WEA Trust ID Number: _____

Amount Requested*: \$100: \$200: Other \$ _____

**Request must be submitted to WEA Trust by December 31, 2016--indicate below what type of reimbursement.*

You must include proof of payment made in 2016.

Health & Fitness Facility Membership (proof of 2016 payment required)

Fitness Facility Name: _____

Community Supported Agriculture (CSA) Produce Share (Proof of 2016 payment & sign-up form required)

CSA Farm Name: _____

Weight Watchers Program (Proof of 2016 payment required)

Online Plus: Meeting & Online Plus: Coaching & Online Plus:

All health and wellness rewards and reimbursements are considered taxable income and will be provided to your employer for payroll purposes. If you need this printed material in an alternate format, please call the WEA Trust Customer Service Department at 800.279.4000.

Mail or fax your completed Healthy Balance Rebate form and 2016 receipts to:

Fax number: 608.276.9119, or mail to:

WEA Trust
Attn: Healthy Balance Rebate
45 Nob Hill Rd
Madison, WI 53713