



# 2018 Healthy Balance Rebate

## State of Wisconsin Group Health Insurance Program Members

**\$100 per single health plan contract, \$200\* per family health plan contract - Healthy Balance Rebate**

**Before submitting this form**, please read the Healthy Balance Rebate FAQs at [WeaTrustStateHealthPlan.com/value-added-services](http://WeaTrustStateHealthPlan.com/value-added-services) to make sure your request meets eligibility requirements. You may also contact a WEA Trust Member Experience Representative at [weatrust.com/contactus](http://weatrust.com/contactus), or call 866.485.0630.

Healthy Balance Rebate checks will be issued quarterly (April, July, October and the following January). Rebates are only allowed for payments incurred in 2018.

Name (First and Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

WEA Trust ID Number: \_\_\_\_\_

Amount Requested: \$100    \$200    Other \$\_\_\_\_\_

*\*To receive \$200 for a family contract, you must meet the requirements detailed in the Healthy Balance Rebate FAQs. This form must be submitted to WEA Trust by **November 30, 2018**. Indicate below what type of reimbursement.*

**You must include proof of payment made in 2018—no exceptions.**

Health & Fitness Facility Membership (*proof of 2018 payment and Individual/Family membership required*)

Fitness Facility Name: \_\_\_\_\_

Community Supported Agriculture (CSA) Produce Share (*Proof of 2018 payment & sign-up form required*)

CSA Farm Name: \_\_\_\_\_

Weight Watchers Program (*proof of 2018 payment required for individual or adult dependent*)

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 866.485.0630.*

**By November 30, 2018, fax OR mail your completed 2018 Healthy Balance Rebate form and 2018 receipts to:**

**Fax:** 608.276.9119

**Mail to:** WEA Trust - Correspondence  
Attn: Healthy Balance Rebate  
PO Box 21538  
Eagan, MN 55121

SLS-WELL300-1217