GENERATIONS ADVANTAGE

Reimbursement Request Form Wellness Wallet/Eyewear

Martin's Point

IMPORTANT:

- **Reimbursement Requests:** To submit by mail, complete and send this form to the address below. For a faster reimbursement, submit your request online through your Member Portal account.
- **Prescription Eyewear Benefit:** Use this form to request reimbursement for eyewear. The eyewear allowance is separate from the Wellness Wallet allowance. Learn more at MartinsPoint.org/Eyewear.
- **Reimbursement Request Deadline Change:** All requests for reimbursement must be received within 120 days of purchase date.
- **Annual Membership/Fees Benefit Change:** For annual membership/fees/passes, reimbursements (up to your plan's Wellness Wallet amount) are limited to the plan year allowance in which the purchase is made. Examples include gym, fitness, golf memberships, ski passes, sport club fees, etc.

- Before filling out this form, please read instructions below. **Incomplete information will result in a decline of your request.**
- **Documentation of purchase must include the following:** type of service, date of service, dollar amount, and merchant name. Provide **COPIES** of documents only, please keep your originals. Handwritten receipts and estimate sheets are not accepted.
- **Always confirm that your purchase is eligible** for reimbursement. View the list of eligible items/services for the applicable plan year at **martinspoint.org/wellnesswallet**.
- Submission of a reimbursement request is not a guarantee of coverage. A final determination is made at the time of processing your request.
- You will receive an Expanation of Benefits (EOB) document by mail notifying you of approval or decline of your reimbursement request.
- If declined due to incomplete information:
  - » If you submitted the original request online through your Member Portal, you'll see a notice on your Member Portal home screen or in Tasks. Use the blue link there to upload documents to your existing claim. Please DO NOT submit a new claim for the same reimbursement
  - » If you submitted the original reimbursement request by mail using our paper form, complete and mail a new request form and include the missing information.

INSTRUCTIONS

1. **Print, fill in all fields, and sign the form.**
2. **Provide copies only of itemized receipt and proof of payment.** Do NOT send originals, please.
3. **Upon completion, send to:** **Martin's Point Generations Advantage Claims Department**
   PO Box 3003
   Fargo, ND 58108

If approved, you should receive a check *within 4–6 weeks.* Processing time may vary. Digital claims with direct deposit will be refunded within 5–7 business days.

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Submit reimbursement requests online for faster processing by visiting MartinsPoint.org/WellnessWallet. Please print all information clearly. **Incomplete information will result in a decline of your request. Completed form must be received within 120 days of purchase.**

A Member Information (Required)

Member Full Name: _____

Date of Birth *(MM/DD/YYYY)*: _____

Member Signature: _____

Full Member ID: _____

B Purchase Information (Required)

List your purchases below. Copies of itemized receipt as proof of purchase are required for each item.

Date of Purchase	Service/Store	Amount Paid	Reimbursement Amount Requested	PLEASE CHECK ONLY ONE PER ROW	
				☐ Acupuncture ☐ Acupressure ☐ Activity Tracker ☐ Bike and Cycling Clubs ☐ Bowling ☐ Face Mask ☐ Golf ☐ Gym Membership ☐ Kayak/Canoe	☐ Naturopathic Services ☐ Pickleball ☐ Pool/YMCA ☐ Skiing ☐ Tennis ☐ Yoga ☐ Home Gym Equipment ☐ Weight Management Program
				☐ Acupuncture ☐ Acupressure ☐ Activity Tracker ☐ Bike and Cycling Clubs ☐ Bowling ☐ Face Mask ☐ Golf ☐ Gym Membership ☐ Kayak/Canoe	☐ Naturopathic Services ☐ Pickleball ☐ Pool/YMCA ☐ Skiing ☐ Tennis ☐ Yoga ☐ Home Gym Equipment ☐ Weight Management Program
				☐ Coatings & Treatments ☐ Frames	☐ Lenses ☐ Lens Materials
				☐ Coatings & Treatments ☐ Frames	☐ Lenses ☐ Lens Materials

Note: Some items/services have restrictions. Visit **MartinsPoint.org/WellnessWallet** and **MartinsPoint.org/Eyewear** for more information.

C Submission Checklist

- ☐ Filled in your full Name, Date of Birth, and Member ID
- ☐ Listed all purchased items and costs
- ☐ Checked the item purchased
- ☐ Specify amount requested for reimbursement
- ☐ Attached all required receipts

D Mail Completed Form and Documents To:

Martin's Point Generations Advantage Claims Dept, PO Box 3003, Fargo, ND 58108