

Generations Advantage Member Reimbursement Form Wellness Wallet/Eyewear



Important:

- » **Reimbursement Requests:** To submit by mail, complete and send this form. For a faster, paper-free option, submit your request online at MartinsPoint.org/WellnessWallet.
- » **Eyewear Benefit:** Please use this form to request reimbursement for prescription eyewear. Note that the prescription eyewear allowance is separate from the Wellness Wallet allowance. For information about eyewear benefit, go to MartinsPoint.org/Eyewear.
- » **Reimbursement Request Deadline Change:** All requests for reimbursement must be received no later than April 30 of the following year.
- » **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 may result in a delay or denial of your request.** If your request is denied due to incomplete information, you will need to send your reimbursement request again including the missing information.
- We will need to see **WHAT** you purchased, **HOW MUCH** it cost, and **HOW YOU PAID** for it. Provide **COPIES** of documents only, please keep your originals. Handwritten receipts are not accepted.
- If you are not sure if your purchase is eligible for reimbursement, please call Martin's Point Generations Advantage Member Services at 1-866-544-7504 (TTY: 711).
- Submission of a reimbursement request is not a guarantee of coverage. A final determination is made at the time of processing your request.
- Notification of approval or denial of your request for a Wellness Wallet/Eyewear reimbursement will appear on your Explanation of Benefits (EOB) document which will be mailed to you, or online in your member portal.

Instructions

1. **Print and fill in all fields of the form.** Be sure to sign the form. Incomplete information may result in a delay or denial of your request. If denied due to incomplete information, you will need to send your reimbursement request again including the missing information.
2. **Provide copies only of itemized receipt and proof of payment** (e.g., bank or credit card statement/receipt, etc.). Do NOT send originals, please.
3. **Upon completion, send to:** Martin's Point Generations Advantage Claims Department
PO Box 3003
Fargo, ND 58108

If request is complete and item is eligible for reimbursement, you should receive a check within four to six weeks. Processing time may vary throughout the year.

Request For Generations Advantage Member Reimbursement



(Please print. Completed form must be received by April 30 of the year following the purchase year.)

A Member Name: _____ Member Date of Birth: _____

Member Signature: _____ Plan Member ID #: _____

B	Service Provider/Store	Date of Purchase	Amount Paid**
Wellness Wallet			
Eyewear (Vision)			

C Please check ☒ which purchase(s) you wish to be reimbursed for.

COPIES of itemized receipt and proof of purchase required for each item/service.

Wellness Wallet Benefit:

Classes/Lessons: Dance Martial arts Tennis Yoga Workout Videos/Streaming Apps Subscription
Fitness classes/personal trainer at facility Kayak lessons Ski lessons

Membership Fees and Day/Season Passes: Gym Bowling Cycling club Fitness club
Golf Skiing Sport club/league Pool or YMCA Squash club

Equipment: Non-recreational, at-home fitness equipment Bicycles (standard and power-assist)
Sport helmet Kayak/canoe Non-leisure footwear (e.g., sneakers) Skis Walking/hiking poles
Wearable fitness tracker (including Apple Watch and other smart watches)

Supplies/Repairs: Braces worn while working out (back, wrist, ankle) Reflective safety wear
Bicycle repair Exercise equipment repair Face masks

Alternative Therapies and related supplies: Acupuncture* Naturopathic services*
Acupressure*

Nutrition/Dietary: Nutrition/dietary classes* Nutrition/dietary counseling
Weight management program Weight Watchers (food not reimbursable)

OTHER Description of Item or Service: Other Approved Supplies or Equipment
Other Approved Alternative Therapies Other Approved Classes, Lessons, or Leagues
Approved Item/Service Not Listed Above

Eyewear (Vision) Benefit:

Prescription lenses Frames Contact lenses

*Please note some items and services have restrictions. Please visit MartinsPoint.org/WellnessWallet and MartinsPoint.org/Eyewear or call Member Services for coverage details.

**We reimburse up to annual amount for item/service, taxes, fees, shipping/delivery, and assembly.