

# 2021 WELLNESS FUND CLAIM FORM

Employee Name: \_\_\_\_\_  
First Last

Employee ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Type of Expense:

- Health club, fitness center, or gym membership fees \$ \_\_\_\_\_
- Home exercise equipment \$ \_\_\_\_\_
- Bicycle for adult \$ \_\_\_\_\_
- Personal trainers, exercise videos, and DVDs \$ \_\_\_\_\_
- Wellness-related game software for Wii™, Xbox™, PlayStation®, etc. \$ \_\_\_\_\_
- Weight loss programs (including program-specific foods) \$ \_\_\_\_\_
- Over-the-counter smoking cessation products \$ \_\_\_\_\_
- Running shoes \$ \_\_\_\_\_
- Race entrance fees \$ \_\_\_\_\_
- Massages \$ \_\_\_\_\_
- Wearable devices, i.e., Fitbits (limit-1 per year) \$ \_\_\_\_\_
- Other (please describe) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Reimbursement Requested:** \$ \_\_\_\_\_

*Reimbursements are taxable to you.*

**Purchase Dates:** \_\_\_\_\_

I certify that I purchased this wellness service/product for my own personal use.

\_\_\_\_\_  
 Signature

**PLEASE NOTE:** Receipts for above purchases must be attached to this claim form. Services or purchases must have a 2021 incurred date and must be incurred while you are enrolled in an Erickson Living Medical Plan (PPO Plan, PPO Plus Plan, or HSA Plan).

**Please send this claim form along with your receipts to:**

**Trustmark Health Benefits\***

4940 Campbell Boulevard • Suite 200 • Baltimore, Maryland 21236

Fax submissions to 1-888-298-6789 • Email submissions to BaltimoreFax1HB@trustmarkbenefits.com

For questions regarding your claim, please call Trustmark Health Benefits at 1-800-624-7130.

## 2021 WELLNESS FUND PLAN GUIDELINES

### Eligibility

In order to be eligible for the Wellness Fund, you must be an active employee enrolled in an Erickson Living Management medical plan. This plan is not subject to the COBRA continuation rules and, therefore, you will not be able to extend coverage under this plan if your coverage is terminated.

### Plan Benefit

The maximum plan benefit for 2021 is \$260. If your medical coverage is not in effect for the full 12 months during a calendar year, your maximum benefit amount will be prorated for the number of months you are enrolled in an Erickson Living medical plan and only expenses incurred during your coverage period will be eligible. For example, if your medical plan effective date is April 1-December 31, 2021, your maximum benefit is \$195 (9/12 x \$260), and you may only submit expenses with a date of service or purchase date, etc. from April 1, 2021, through December 31, 2021.

### List of Eligible Expenses

#### The following expenses are eligible under the Wellness Fund:

- Membership fees from a health club, fitness center, or gym, including the onsite fitness centers at applicable Erickson Living locations
- Home exercise equipment, including but not limited to, treadmills, stationary bicycles, stair masters, ellipticals, weight machines, etc.
- Fitness classes at a qualified health club or fitness center
- Fees associated with weight loss programs such as Weight Watchers, Jenny Craig, etc. Please note that any food or drinks purchased as part of a qualified weight loss program will be covered
- Over-the-counter smoking cessation products such as nicotine gum or patch
- Running shoes (limit-2 pairs per year)
- Massages
- Race entrance fees
- Wearable devices, i.e., Fitbits (limit-1 per year)

### List of Ineligible Expenses

- Children's bicycles, roller blades, etc.
- Fees for participating in team or individual sports, i.e., baseball, softball, soccer, tennis, etc.
- Athletic clothing
- Over-the-counter drugs or vitamins

*\*This is only a partial list. If you are unsure whether or not an expense is eligible, please contact Trustmark Health Benefits\* at 1-800-624-7130.*

### Filing Claims for Reimbursement

- Receipts for eligible expenses must be attached to this claim form.
- Eligible expenses incurred during the calendar year must be filed within 90 days after the earlier of (1) December 31 or (2) the date your medical plan coverage ends.
- Claims should be filed with Trustmark Health Benefits\* at the address indicated on the front of this form.
- Reimbursements for eligible expenses will be made on a monthly basis.

*\*Formerly CoreSource*