IPSC

INTERMOUNTAIN POWER SERVICE CORPORATION

# IPSC Staywell PLUS Incentive Reimbursement Form

**Are you eligible? Please mark to show eligibility:**

**[ ] Do you have a current signed Staywell Waiver on file?**

**[ ] Have you participated and completed the previous two quarterly Wellness programs? List programs here: _____**

**If you are not eligible, you must become eligible before submitting for reimbursement.**

**Please print clearly:**

Employee name: _____ Dept: _____ D No. _____

Spouse name if applying for reimbursement: _____

Mailing Address: _____

Phone: _____

**Item or Activity for Reimbursement:** _____

**Dates of Event/Purchase:** _____ Amount Requested: _____

Employee/Spouse Signature: _____ Date: _____

*By signing this form I am stating that I have thoroughly and completely read the current guidelines for this program, agree to them, and understand if there is any misunderstanding, the guidelines will take precedence.*

**PREAPPROVAL:**

Health Analyst Signature: _____ Date: _____

Department Head: _____ Date: _____

**REIMBURSEMENT APPROVAL:**

Health Analyst Signature: _____ Date: _____

Department Head: _____ Date: _____

**Submit:** The following must be submitted:

1. **A completed form**, including your name, address, and a phone number where you can be contacted.
2. **Attach Receipt:** Vendor/provider name must appear on the receipt, item/service purchased, date of service, and amount paid for the item. Homemade computer receipts will only be accepted if the seller has signed the receipt and written down the item purchased and the purchase price and date.
3. **Attach:** brochure, program listing, or photocopy description of item/service.

**Mail or give to Health Analyst**

**Claim Processing:** Incomplete, incorrect, or no receipts will delay processing. You will be contacted and asked to resend the proper receipt if an incomplete or incorrect receipt is received or if no receipt accompanies your claim form. **Please allow 2-4 weeks for reimbursement.**

**VENDOR** _____ **REMIT TO** _____

**VOUCHER** _____

**AMT PAID** _____

**CHECK NO** _____ **CK DATE** _____