

HEALTH AWARENESS PROGRAM REQUEST FORM

NH Local Government Center (LGC) HealthTrust offers the *Health Awareness Program* to support your efforts to improve or maintain your health and reward you for achieving a healthier lifestyle. At LGC HealthTrust we recognize that physical activity is part of a healthy life; but we also want you to understand that eating a balanced diet, maintaining a healthy weight and managing your stress are equally important. In 2012 and beyond, we challenge you to not only be physically active, but to work toward eating well, getting to and maintaining a healthy weight and managing your stress.

Who is Eligible?

Rewards and reimbursements of up to \$300 (per calendar year) are available to:

- Enrollees (including retirees) who are medically covered and complete an **onmyway™** Health Assessment (HA)
- Spouses who are medically covered and complete an HA
- Dependent children who are medically covered if the parent who is the medically covered employee completes an HA

Program Details & Deadlines:

- Enrollees, spouses and covered dependents 18 years and older may receive up to \$150 for physical activity and up to \$150 for non-physical activity classes and counseling (per calendar year)
- Covered dependents under age 18 may receive up to \$300 for any combination of physical and non-physical activities (per calendar year)



Physical Activity Classes & Self-Reported – \$150 (maximum per calendar year)

- **Enrollees, spouses and covered dependents 18 years and older**
- Receive up to \$150 for a combination of self-reported physical activity (SRPA) and physical activity classes
 - SRPA requirements are 30 minutes of physical activity on a minimum of 12 calendar days per month
 - SRPA Request Form is required to be submitted 4 times per year and the deadline is 2 calendar months from the end of March, June, September and December
 - SRPA participants may receive up to \$37.50 per quarter
 - Class reimbursement deadline is 2 calendar months from the end of the class or program
- To obtain reimbursement, sign up, attend at least 75% of the program, have instructor sign form and submit with a program description (brochure or printed off website) and receipt



Non-Physical Activity Classes & Counseling – \$150 (maximum per calendar year)

- **Enrollees, spouses and covered dependents 18 years and older**
- To address nutrition, stress management, tobacco cessation and other health/safety related topics
- Combination programs that incorporate physical activity with nutrition, stress management or injury prevention including combo nutrition/physical activity classes and yoga
- Class reimbursement deadline is 2 calendar months from the end of the class or program
- To obtain reimbursement, sign up, attend at least 75% of the program, have instructor sign form and submit with a program description (brochure or printed off website) and receipt



Covered Dependents Under Age 18 – \$300 (maximum per calendar year)

- Dependents under age 18 may receive up to \$300 for classes if the Enrollee has completed an HA
- Guidelines – Reimbursement is available for eligible classes, clinics or camps that have a start and end date with instruction provided. Team sports are not eligible.

What Programs are Reimbursable?



Physical Activity \$150

Enrollees, spouses
and dependents 18 and older

Examples of eligible activities:

Aerobics
Aqua Aerobics
Body Sculpt
Boot Camp
Forever Fit Seniors
Karate
Kickboxing
Pilates
Self-Reported Physical Activity
Swimming

Examples of non-eligible activities:

Bowling League
Rock Climbing
Camps
Mini-golf



Non-Physical Activity \$150

Enrollees, spouses
and dependents 18 and older

Examples of eligible activities:

CPR/First Aid
Defensive Driving, Driver Safety
Healthy Cooking
Anxiety & Stress Management
One-on-One Nutrition counseling
Parenting/Lamaze classes
Weight Watchers®

Examples of eligible combination activities:

Programs that combine physical activity
with nutrition & stress management

Create Your Weight
Curves® Weight Management
Healthy Lifestyles
One-on-One Personal Training
Yoga



Dependents Under Age 18 \$300

Covered dependents under 18
once Enrollee completes HA

Examples of eligible activities:

Babysitting classes
Dance classes
Diabetes Education classes
CPR/First Aid
Fit and Healthy Kids
Gymnastics classes (no teams)
Karate classes
Sports clinics
Swimming

Examples of non-eligible activities:

AAU or sports teams/leagues
Advanced programs
One-on-One Nutrition Counseling
One-on-One Personal Training
Self-Reported Physical Activity
Tobacco Cessation

Programs that are not eligible include courses that are advanced programs (such as advanced first aid), recreational activity programs (such as rock climbing) and programs that are not specifically health or safety related. Please visit the LGC website for a more detailed list of programs that are not eligible for *Health Awareness Program* reimbursement.

Note: Self-reported physical activity, one-on-one nutritional counseling or classes, personal training, and tobacco cessation programs are not reimbursable for children under age 18.

How to Get Reimbursed

You must complete the HA in the current calendar year to be eligible for the *Health Awareness Program* in that year. When you complete the HA determines your date of eligibility for *Health Awareness Program*, as shown in the following chart:

onmyway HA Completion Month	Health Awareness Program Effective Date
January, February, March	January 1
April, May, June	April 1
July, August, September	July 1
October, November, December	October 1

Class/Training Reimbursement Request Form

This form must be submitted within 2 calendar months of completion of an eligible class or program.

- 1) Complete steps 1, 2 and 3 below. If form is incomplete, it will be returned for completion and resubmission.
- 2) Submit this form, along with your program payment receipt by mail, email or fax:
LGC HealthTrust, *Slice of Life*, PO Box 617, Concord, NH 03302-0617
email: healthawareness@nhlgc.org; fax: 603.415.3095

STEP 1 Activity Participant Information

Name _____ Parent Name (if participant is a child under age 18) _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Date of Birth _____ Best way to contact you if we have questions _____
Signature of participant (or parent if participant is under age 18) _____ Date _____

By signing this form, I attest to the accuracy and truthfulness and will provide further documentation to LGC HealthTrust upon request. I understand that any misrepresentation may result in disqualification for *Health Awareness Program* reimbursement.

STEP 2 Checklist for Eligible Class/Training Reimbursement

A. This section to be completed by activity participant or parent (if submitting for a child under age 18):

- ☐ I have completed and submitted an **onmyway** Health Assessment (HA) this calendar year.
- or
- ☐ If this reimbursement request is for a covered dependent child, the parent who is the medically covered employee has completed and submitted a HA this calendar year.
- ☐ I attended at least 75 percent of the class/training.
- ☐ I have enclosed my receipt for payment of this program.
- ☐ I have enclosed a program description (brochure or printed off website).
- ☐ My LGC HealthTrust medical plan was in effect for the duration of the program.

B. This section to be completed by the class/training instructor:

- ☐ I attest that the individual has attended at least 75 percent of the sessions for the program and that the program information on this form is correct.
- ☐ I am certified to teach this course.

Instructor Name _____ Website _____
Company Name _____ Phone _____
Instructor Signature _____ Date _____

STEP 3 Reimbursement Information

Program name _____ Number of sessions in program _____
Claim period from (date) _____ to (date) _____ Reimbursement amount _____

Please allow 4-6 weeks to process your reimbursement request.

For additional information, visit www.nhlgc.org (click on *Health Awareness Program*) or contact LGC HealthTrust's Enrollee Services Department at 800.527.5001 or enrolleeservices@nhlgc.org. For more information regarding program eligibility and submission requirements, refer to the first two pages of this *Health Awareness Program* Request Form.

(Program subject to change without notice.)

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Self-Reported Physical Activity Request Form

This form must be submitted no later than 2 calendar months* after the end of a calendar quarter.

**Deadline is 2 calendar months from the end of March, June, September and December*

- 1) Receive up to \$37.50 per quarter (once you meet the monthly requirement of 30 minutes of physical activity on a minimum of 12 calendar days per month).
- 2) Submit this form by mail, email or fax:
LGC HealthTrust, *Slice of Life*, PO Box 617, Concord, NH 03302-0617
email: healthawareness@nhlhc.org; fax: 603.415.3095

STEP 1 Activity Participant Information

Name _____
Street Address _____ City _____ State _____ Zip _____
Phone _____ Date of Birth _____ Best way to contact you if we have questions _____
Signature of participant _____ Date _____

By signing this form, I attest to the accuracy and truthfulness and will provide further documentation to LGC HealthTrust upon request. I understand that any misrepresentation may result in disqualification for Health Awareness Program reimbursement.

STEP 2 Checklist and Physical Activity Log

Year _____

This section to be completed by activity participant to qualify for self-reported physical activity reimbursement:

- ☐ I have completed and submitted an **onmyway** Health Assessment (HA) this calendar year.
- or**
- ☐ If this reimbursement request is for a covered dependent child age 18 years or older, the medically covered employee has completed and submitted an HA this calendar year.
- ☐ I have engaged in 30+minutes of physical activity on at least 12 days per calendar month.
- ☐ I am an LGC HealthTrust (circle one)
Enrollee
Spouse
Dependent (18 years or older)
- ☐ My LGC HealthTrust medical plan was in effect for the duration of my self-reported physical activity.

Please allow 4-6 weeks to process your reimbursement request.

For additional information, visit www.nhlhc.org (click on *Health Awareness Program*) or contact LGC HealthTrust's Enrollee Services Department at 800.527.5001 or enrolleeservices@nhlhc.org. For more information regarding program eligibility and submission requirements, refer to the first two pages of this *Health Awareness Program* Request Form.

Physical Activity Log

Circle the dates you engaged in 30+ minutes of physical activity and total those days.

Jan	Feb	Mar	April	May	June
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Total _____	Total _____	Total _____	Total _____	Total _____	Total _____

no later than end of May

July	Aug	Sept	Oct	Nov	Dec
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
Total _____	Total _____	Total _____	Total _____	Total _____	Total _____

no later than end of November

no later than end of August

no later than end of February

Reimbursement request submission schedule

Self-Reported Physical Activity Request Forms may be submitted **only** after the completion of a calendar quarter, **not** monthly. Forms that are received prior to the completion of a calendar quarter may be returned to the participant for resubmission after the end of the calendar quarter. In addition, if submitted form is incomplete, it will be returned for completion and resubmission.

(Program subject to change without notice.)

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