2017 Walk/Run Entry Fee Reimbursement Form

CareConnect Healthier Insurance

One of the best ways to get and stay healthy is to start moving—without your car, that is. To make it easier and more affordable, CareConnect will reimburse you (and your spouse if he or she is on your plan) for certain organized walk and run entry fees.

IMPORTANT DETAILS:

- CareConnect will reimburse you and your covered spouse for up to $100 in entry fees each, for a maximum total of $200 per family per plan year.
- To qualify for reimbursement, walks or runs must be more than one mile in length, advertised in a brochure or online, or otherwise approved by CareConnect.
- To ensure you receive your entry fee reimbursement(s), please submit all of the following within 120 days of each walk or run:
  - Completed CareConnect walk/run entry fee reimbursement form
  - Copy of the walk/run entry form
  - Proof of entry fee payment (email confirmation, receipt, etc.) and participation in the race (copy of participation list, race, bib or email confirmation).
- Send the above material and completed form to: CareConnect
  Attn: Member Walk/Run Reimbursement
  2200 Northern Blvd., Suite 104
  East Hills, NY 11548

Note: Materials must be completed and submitted within 120 days of the walk/run to qualify for payment.

Please complete this form in full, or your request for reimbursement may be delayed or denied. Complete one form per member for each walk or run for which you're making a claim.

For any questions, please call a Customer Service Connector at 855-706-7545 or email questions@nslijcc.com.

MEMBER INFORMATION

Last name _____ First name _____ Middle initial _____

Member ID# _____ Member birth date (mm/dd/yy) _____

Street Address _____ City _____ State _____ Zip _____

By submitting this Walk/Run Entry Fee Reimbursement Form, I am representing to CareConnect that the walk or run for which I am seeking reimbursement meets the criteria for reimbursement as described above.

_____ (Signature) _____/_____/_____ Date

FOR OFFICE USE ONLY

SERVICE INFORMATION

Start Date	End Date	Place of Service	Code for procedures, services or supplies	Diagnosis Code	Charges	Number of Visits	Provider ID
/ /	/ /	99	CCRUN	Z71.89			777777777

CareConnect Manager Signature _____ CareConnect Manager Name (print) _____

CareConnect Insurance Company, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-226-7318 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-226-7318 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務. 請致電 1-855-226-7318 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-226-7318 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-226-7318 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-226-7318 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-226-7318 (TTY: 711).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-855-226-7318 (TTY: 711).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-855-226-7318 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-226-7318 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-226-7318 (رقم هاتف الصم والبكم: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-226-7318 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-855-226-7318 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-226-7318 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-226-7318 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-226-7318 (TTY: 711).