



WCA GROUP HEALTH TRUST

FOND DU LAC COUNTY

GROUP#: 76-440020

2019 - HEALTH CLUB REIMBURSEMENT FORM

NAME: _____

ADDRESS: _____

UMR MEMBER ID#: _____

FITNESS CENTER: _____

REIMBURSEMENT

AMOUNT: \$200.00 – Maximum for Covered Employee

FORWARD TO: WCA Group Health Trust
Attn: Amy Wald
18550 West Capitol Drive
Brookfield, WI 53045

OR FAX TO: WCA Group Health Trust
262-781-0026

(BE SURE TO ATTACH RECEIPT FROM FITNESS CENTER SHOWING SINGLE OR FAMILY MEMBERSHIP PAYMENT, NO CONTRACTS PLEASE!)

***** Please note that your health club reimbursement payment takes about 2-3 weeks to receive and will be attached to your Explanation of Benefit from UMR *****