

REIMBURSEMENT REQUEST FOR WELLNESS VISIT

NAME: _____

AGENCY: _____

FOP LODGE & MEMBER NUMBER: _____

PROVIDER VISITED: _____

DATES VISITED: _____

The Utah FOP Foundation will reimburse FOP members for wellness visits they paid for out of pocket provided that they are eligible for reimbursements. If the member saw the provider for their qualified visits then paid for additional visits personally, we will not reimburse for those extra visits. Reimbursements will be for a maximum of \$100 per visit for a maximum of 4 visits. Members who spend more than \$100 per visit cannot receive more than that \$100, even if fewer visits were done. Members may be reimbursed one time. Visits are to be done by one of our listed providers. Members seeing a provider not on the list may request their provider to be added if the provider agrees to our guidelines.

The FOP member MUST provide receipts of the payments for each visit. By signing below, the FOP member attests that they have read and understand the requirements found at www.utahstatefop.com under the officer wellness tab and that they meet those guidelines.

FOP Member signature: _____

EMAIL: _____ CELL: _____

Address for check to be sent: _____

This form along with receipts can be scanned and emailed to utahwellness@FOP.net