

This form is used to request the \$150* Weight Management Reimbursement offered by CarePartners of Connecticut. This benefit will cover up to \$150 toward program fees for weight loss programs including Weight Watchers®, Jenny Craig®, or a hospital-based weight loss program. This benefit does not cover costs for pre-packaged meals/foods, books, videos, scales, or other items or supplies.

If a Member Reimbursement is being submitted by an Authorized Representative, please complete and include the Appointment of Personal Representative (AOR) form, or any legal documentation verifying personal representation, with your request. We require verification of the authority of a Personal Representative before the request can be processed. You can find the AOR form on our website at carepartnersct.com/content/forms.

I am completing this form as an Authorized Representative to the subscriber.

Member Information

Member first name	MI	Last name			
<hr/>					
Phone	Member ID number		Date of birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street	City/town		State	Zip	
<hr/>					

Instructions



Please mail this completed form along with your weight management program paid receipt to:

**CarePartners of Connecticut, Inc.
Member Reimbursement
P.O. Box 9181
Watertown, MA 02471-9181**

Reimbursement requests must be received by March 31 of the following year. Reimbursements for 2019 must be received by July 31, 2020.

For more information, call Customer Service at **1-888-341-1507 (TTY: 711)**.

Representatives are available Monday–Friday, 8 a.m.–8 p.m. (From October 1 to March 31, representatives are available 7 days a week, 8 a.m.–8 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.

*\$150 is the total reimbursement amount each year (January 1–December 31).