



PENNSYLVANIA FACULTY

HEALTH AND WELFARE FUND

P.O. Box 60430
Harrisburg, Pennsylvania 17106-0430

Telephone: (717) 233-4776

WELLNESS EXAMINATIONS AND RELATED TESTS PLAN Faculty and Spouses/Same-Sex Domestic Partners Only

Full-time faculty and their spouses/same-sex domestic partners only are eligible for annual reimbursement up to \$225.00 for out-of-pocket expenses incurred for physician examinations and related diagnostic tests. The Fund will reimburse up to \$125.00 for physician examinations. In addition, the Fund will reimburse up to \$100.00 for diagnostic tests including, but not limited to, glucose, lipid, PAP, Chlamydia, bone density, prostate, colorectal, and mammogram tests. The Fund's benefit coverage is limited to services not otherwise covered by faculty and spouses/same-sex domestic partners' basic health care plans. The Fund's benefits should not be considered a substitute for the health plan benefits provided by the Pennsylvania State System of Higher Education.

Faculty Member's Name _____

Member's Date of Birth _____

Member's Home Address _____

Member's Telephone Number _____

Spouse/Same-Sex Domestic Partners Name _____

Out-of-pocket expenses incurred and not covered or reimbursed by your basic health care plan.

\$_____ Physical Examination

Description: _____

\$_____ Related Test(s) – see above for examples of covered tests

Description: _____

Append to this claim form (1) detailed health care provider receipts, (2) proof of payment, and (3) any Explanation of Benefits (EOB's) that deny payment or provide for full or partial payment when filing for the Fund's reimbursement. Sign below and send this fully completed form and required documentation to the Fund Office for reimbursement of out-of-pocket expenses. By signing below, I certify I am eligible for the Fund's reimbursement.

BY: _____ DATE: _____
Faculty Member's Signature