

# Bike Helmet Reimbursement Request

Subscriber's Name: \_\_\_\_\_

Subscriber's Member ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile/Cell #: \_\_\_\_\_

## Reimbursement Request Details

Member's Name: \_\_\_\_\_

\*Calendar Year: \_\_\_\_\_ Requested Amount: \_\_\_\_\_

Member's Name: \_\_\_\_\_

\*Calendar Year: \_\_\_\_\_ Requested Amount: \_\_\_\_\_

*\*The 12-month period beginning January 1 and ending December 31 for which reimbursement is being requested.*

## Certification/Authorization

To the best of my knowledge and belief, my statements in this Reimbursement Request Form are complete and true. I am claiming reimbursement only for eligible expenses and for eligible members incurred during the applicable calendar year. I certify that these expenses have not been previously reimbursed in this or any other calendar year.

Subscriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Bike Helmet Reimbursement Eligibility Guidelines

- Mass General Brigham Health Plan members are eligible for reimbursement of the purchase price of one (1) new helmet up to \$15.00 per member, per calendar year.
- Check will be made payable to the Subscriber of the policy.
- **To be eligible for reimbursement, requests must be made by March 31 of the following calendar year.**
- Reimbursement requests are subject to approval by Mass General Brigham Health Plan.
- Please allow 30 business days for processing.

### Reimbursement Request Checklist

To request reimbursement for your qualifying bike helmet(s), be sure to submit the following items:

- This completed form
- Dated, original receipt(s)

**Important:** Please make copies for your records of original receipts and any other documents being submitted with your reimbursement request. Mass General Brigham Health Plan cannot return these, even for denied requests.

**For your convenience, you may submit your request by mail or fax as follows:**

**Mail:**

Mass General Brigham Health Plan  
Claims Department  
399 Revolution Drive – Suite 940  
Somerville, MA 02145

**Fax:**

Mass General Brigham Health Plan  
Claims Department 617-526-1902

**MassGeneralBrighamHealthPlan.org**

399 Revolution Drive, Suite 810, Somerville, MA 02145