



PENNSYLVANIA FACULTY

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

HEALTH AND WELFARE FUND

Telephone: (717) 233-4776

WELLNESS EXAMINATIONS AND RELATED TESTS PLAN Faculty and Spouses Qualify for Reimbursement

Full-time faculty and their spouses 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' 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 Mailing Address: _____

Member's Telephone Number: _____

Spouses Name's If the Patient: _____

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

\$_____ Physician Examinations

Description: _____

\$_____ Related Tests (see above for examples of covered tests)

Description: _____

Append a health care provider's receipt to this form when filing for reimbursement. Sign below and return this fully completed form, including your health care provider's receipt, 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: _____
Faculty Member's Signature

DATE: _____

Revised January 1, 2007