

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](http://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	
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## 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.**

**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).

CarePartners of Connecticut is an HMO plan with a Medicare contract. Enrollment in CarePartners of Connecticut depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits may change on January 1 of each year. H5273\_2020\_300\_C