Reimbursement Request Form

UAS Weight Loss Program

Program Guidelines
Level III* Metabolic Weight Loss - Members who have a BMI of 30 or greater are eligible for reimbursement of the cost of non-surgical weight loss programs up to $1,000 lifetime maximum. The member must be under the direction of a physician with documentation through a Physician Attestation Form, available at umr.com, or call 888-438-6105.

Coverage will be for instruction, education, weight monitoring, counseling and support. Initial and routine lab work is covered as provided within the benefit. Weight loss products and meal replacement shakes are not covered.

Participants must submit a monthly Reimbursement Request Form to UMR.

Section I. Member Information

<table>
<thead>
<tr>
<th>Full Name (Last, First, MI)</th>
<th>Member ID No.</th>
<th>Contact Phone No.</th>
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<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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CAMPUS of Employee (PLEASE CHECK ONE)

- [ ] ASMSA
- [ ] CES
- [ ] UAF
- [ ] UACCB
- [ ] UALR
- [ ] UAM
- [ ] UAMS
- [ ] UAPB
- [ ] WRI
- [ ] PCCUA
- [ ] Other: _______________________

Section II. Reimbursement Request
I am requesting reimbursement for the following attached receipt(s)

1. $ 
2. $ 
3. $ 
4. $ 
5. $ 
TOTAL $ 

Section III. Authorized Signature

Signature of Employee/Covered Member

X

Date Signed (MM/DD/YYYY)

IMPORTANT NOTE: This benefit is limited to eligible members of the UAS Health Plan administered by UMR and is contingent upon the member meeting specified requirements, including prior authorization by UMR Utilization Management.

Mail or Fax to:
UMR
PO Box 30541
Salt Lake City, UT 84130-0541
FAX: 877-293-4911, Attn: UAS Team
PH: 888-438-6105