



WCA GROUP HEALTH TRUST

CEDARBURG SCHOOL DISTRICT

GROUP#: 76-440143

HEALTH CLUB REIMBURSEMENT FORM - 2018

NAME: _____

UMR MEMBER ID#: _____

FITNESS CENTER: _____

REIMBURSEMENT \$120.00 - Single Membership Annual Max.

AMOUNT: \$240.00 - Family Membership Annual Max.

FORWARD TO: WCA Group Health Trust
Attn: Amy Wald
18550 West Capitol Drive
Brookfield, WI 53045

OR FAX TO: WCA Group Health Trust
262-781-0026

***(BE SURE TO ATTACH RECEIPT FROM FITNESS CENTER SHOWING
SINGLE OR FAMILY MEMBERSHIP PAYMENT, NO CONTRACTS PLEASE!)***

***** Please note that your health club reimbursement payment takes about 2-3 weeks to
receive and will be attached to your Explanation of Benefit from UMR *****