



Employee Health Plan

CHILDBIRTH EDUCATION CLASS REIMBURSEMENT FORM

Please complete this form and return it with your receipt to Beacon Health at the address listed below within six months of class completion.

Subscriber Name (Employee):	Class Participant:
Northern Light Employee Health Plan Member ID Number:	Date of class:

Our Northern Light Employee Health Plan will reimburse up to a lifetime maximum of \$100.00 for childbirth education classes for employees and dependents covered under our plan.

I certify that I am eligible for reimbursement for childbirth classes based on the following criteria:

- I am actively covered on our Northern Light Employee Health Plan.
- I have not been previously reimbursed for childbirth classes under our Northern Light Employee Health Plan.
- I completed the childbirth education class for which I am requesting reimbursement.

Authorization for Release of Information for Childbirth Education Classes:

I certify that the information I have provided is true and correct to the best of my knowledge. A copy of this authorization shall be valid as the original. I authorize Beacon Health to release this information to Northern Light Health if needed or requested.

Signature of Employee/Participant: _____ Date: _____

Mail to:

Beacon Health
P.O. Box 21116
Eagan, MN 55121