| Analog Devices, Policy Number 908715 Gym / Health Club Reimbursement Request |
|--|
| Identification Number: |
| Employee Name: |
| Address: |
| |
| Member Name: |
| Relationship (check one): Subscriber |
| Dependent |
| Health club membership code S9970 \$ |
| All benefit payments will be sent to the subscriber's address on file. |
| Certification and Authorization (this form must be signed and dated below) |
| I authorize the release of information to UnitedHealthcare about my health club membership. I certify the information provided is complete and correct and that I have not previously submitted for reimbursement of these expenses. |
| Subscriber/Member |
| SignatureDate |
| Submit this completed form with receipts to: UnitedHealthcare PO Box 740827 |
| Atlanta, GA 30374 |
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