

## How to submit wellness reimbursements

**Step 1:** Follow the link: [https://secure.bcbsvt.com/blue\\_reimbursement\\_form](https://secure.bcbsvt.com/blue_reimbursement_form)

**Step 2:** Enter your company information into PART 1. You will receive a confirmation receipt at the e-mail address provided. Click “Continue”.

**Accountable Blue Reimbursement Form**

**PART 1** **PART 2** **FINISH**

**Group Information**  
Please complete all information.

Group Name \*

**Make Reimbursement Payable to:**

First Name \* Last Name \*

Email \*

Street Address \*

Address line 2 (optional)

City \* State \* Zip \*

Continue

**Step 4:** Begin entering your reimbursement information by clicking “Add Reimbursement”

**Accountable Blue Reimbursement Form**

**PART 1** **PART 2** **FINISH**

**Reimbursements**

EXPENSE	YEAR	MONTH	TYPE	PARTICIPANTS	COST
PLEASE ADD REIMBURSEMENT(S)					

Add Reimbursement

Previous Submit Cancel

**Step 5:** Enter in the details about your reimbursement request. If you are submitting a reimbursement for multiple programs, campaigns or initiatives each of these must be added separately. Once you’ve entered in the information, upload the supporting documentation such as receipts for purchases or employee lists for payroll reimbursement. Once finished, click “Save Reimbursement”

**Add Reimbursement**

Campaign, Challenge, Event or Program \*  
Health Assessment Incentives

Expense Year \* Expense Incurred Month \* Expense Type \*  
2019 March Incentive Payout

Description \*  
Annual health assessment campaign

Number of participants \* Total Cost \*  
60 \$ 1500.00

**Upload Receipts or Roster**  
Receipts (JPG, PNG, PDF, XLS, DOC only): \*  
Browse... No file selected.

Save Reimbursement

**Step 6:** If you have additional reimbursements to add – click “Add Reimbursement” and include additional information until you are finished and then click “Submit”.

**Step 7:** Review all of the information that you entered. When complete, click “Submit”.

**Accountable Blue Reimbursement Form**

PART 1 PART 2 FINISH

**Reimbursements (Expense added & file upload successful)**

EXPENSE	YEAR	MONTH	TYPE	PARTICIPANTS	COST
Health Assessment Incentives	2019	March	Incentive Payout	60	\$1,500.00
Annual health assessment campaign					
<b>TOTAL REIMBURSEMENT</b>					<b>\$1,500.00</b>

Add Reimbursement

Previous Submit Cancel

You will receive a confirmation message and confirmation number for your reimbursement request as well as an automatic e-mail confirming submission. The reimbursement will be processed on the next scheduled monthly payment date.

**Accountable Blue Reimbursement Form**

**Your Accountable Blue Reimbursement Form has been submitted!**

Your confirmation number is: **W-55323-IZ**

Your application is subject to eligibility guidelines and will be reviewed and/or processed in order of date received. If we require additional information we will contact you directly.

Thank you for using our online form.

W Wed 2/13/2019 2:36 PM  
webmaster@bcbsvt.com  
Your Reimbursement Submission has been received.

To Myra Bergeron  
Retention Policy Default 1 Year Delete (1 year)

**CAUTION:** This email originated outside of BCBSVT. DO NOT CLICK any links

Your Accountable Blue Reimbursement Request has been received.

Group Name: Employer A  
Date Submitted: 02/13/2019 2:36 pm  
Total Reimbursement Requested: \$1,500.00

Confirmation number: W-55323-IZ

If you have questions, please contact [bwel@bcbsvt.com](mailto:bwel@bcbsvt.com).