WEA trust
45 Nob Hill Road | Madison, Wisconsin 53713
800.279.4000 WEAtrust.com

Over The Counter COVID-19 Test Reimbursement Claim Form

Instructions for Submitting Claims	IMPORTANT:
1. Submit a separate form for each member. 2. Attach an original itemized receipt. 3. Attach the UPC bar code from the Test Packaging. 4. Keep a copy of all receipts and UPC bar codes submitted (originals will not be returned). 5. Be sure to sign and date the completed form and attestation.	**Claims must be submitted within 30 days of purchase.** **Mail this claim form and all attachments to:** WEA Trust PO Box 211438 Eagan, MN 55121-3038

PLEASE FULLY COMPLETE THE BELOW INFORMATION USING BLACK INK ONLY

Subscriber Information:

Subscriber Identification Number *(found on your ID card)*	**Group Number**
Name (Last, First, MI)	**Date of Birth**
Address	

Member Information (if not subscriber):

Member Identification Number *(found on your ID card)*	**Group Number**
Name (Last, First, MI)	**Date of Birth**
Address	

OTC Test Information:

Name of Kit(s):	
Number of Kits Purchased:	**Number of Tests in Kits:**
Reimbursement Amount Requested:	**UPC Code(s) for Claimed Tests:**
Reason for Test Utilization:	

I certify that all information provided above is true and accurate. I further attest that the test(s) for which I am requesting reimbursement are for the personal use of the above stated member, have not been reimbursed by another entity, are not for employment or travel purposes and are not for resale.

Signature:_____ Date:_____