

Section 1 – Subscriber Information (as it appears on your Health Tradition ID Card)
(Note: The subscriber is the health plan policyholder)

Subscriber's Last Name	First Name	Middle Initial
Address	City	State ZIP
Subscriber's Social Security Number	()	Telephone Number

Section 2 – Community Supported Agriculture (CSA) Information

Name/Address of CSA Farm	Calendar year	Rebate Amount*
	2010	

*You can request up to \$100 per employer group health plan subscriber per Health Tradition Contract.

Section 3 – Information for Rebate

Please submit each item and check off the boxes below.

- This completed Eat Well Rebate form.
 - Proof of payment for CSA produce share (cancelled check, copy of farm receipt, credit card statement showing farm charge).
- Note: Original receipts will not be returned.

Section 4 – Certification and Authorization (This form must be signed and dated below by the subscriber)

Rebate subject to approval by Health Tradition Health Plan. All payments will be made with subscriber's authorization. Subscriber's signature required. Please allow 6 – 8 weeks after the August 1 or December 31 submission deadline dates for processing.

To the best of my knowledge and belief, my statements on the Eat Well Rebate Form are complete and true. I am claiming a rebate only for eligible expenses (CSA produce share) incurred during the applicable calendar year. I certify that these expenses have not previously been reimbursed in this or any calendar year.

Subscriber's signature _____ Date _____

Mail completed form to:
Health Tradition Health Plan
Eat Well Rebate
PO Box 188
La Crosse, WI 54602-0188

MAKE COPIES OF ALL DOCUMENTATION BEFORE SENDING IN YOUR EAT WELL REBATE FORM AND KEEP FOR YOUR PERSONAL RECORDS. FOR MORE INFORMATION OR QUESTIONS ON THE EAT WELL REBATE, GO TO www.healthtradition.com OR CALL HEALTH TRADITION AT (608) 781-9692.