

# CHILDBIRTH EDUCATION CLASS REIMBURSEMENT FORM

## PLEASE NOTE:

1. Members must attend **at least 75% of the sessions** to be reimbursed.
2. The instructor must complete the required information on the form including their signature.
3. The completed form should be submitted within one year of completion of the class.
4. Return the completed form, **along with receipt or proof of payment**, to the address listed below.
5. Reimbursement of up to \$65 will be given for Childbirth Education Classes. There is no reimbursement for other types of programs such as breast-feeding, parenting, siblings, exercise, etc.
6. Member must have active medical coverage at the time classes were taken.
7. Member is not required to be enrolled in the Baby Blueprints® Maternity Program to be eligible for reimbursement.

## PLEASE COMPLETE THE AREA BELOW AND PRINT NEATLY.

PARTICIPANT'S NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER

(            )

HOME PHONE NUMBER

(            )

## INSURANCE POLICY INFORMATION:

POLICYHOLDER'S NAME

MEMBER ID NUMBER (ON INSURANCE CARD)

GROUP NUMBER (ON INSURANCE CARD)

## TO BE COMPLETED BY INSTRUCTOR:

COURSE NAME	% OF SESSIONS COMPLETED
DATE(S)	COST \$
LOCATION/INSTITUTION	
INSTRUCTOR'S NAME (PLEASE PRINT)	
PHONE NUMBER (            )	

Instructor's Signature: \_\_\_\_\_

## Mail this form with receipt to:

Baby Blueprints  
Attn: Childbirth Education Class  
P.O. Box 890035  
Camp Hill, PA 17089-0035

**Allow 4 - 6 weeks for reimbursement**