

Healthy Habits Incentives Claim Form -- Information About Your Visit

Instructions: Attach receipt, explanation of benefits document, or after-visit summary from your qualifying Healthy Habits Preventative Care Visit and mail to the address below. For questions regarding this form, please call 805-383-1969.

California Schools Employee Benefits Organization
Attn: Amanda Ragatz
5189A Verdugo Way
Camarillo, CA 93012

Section 1. Your Information

Employer Name _____
(full name of your employer)

Your Name _____
(first, last)

Home Mailing Address _____
(street address)

(city, state, zip code)

Date of Birth _____
(date of birth)

Social Security Number -- Last 4 Digits _____
(Social Security Last 4 Digits)

Section 2. Information About Your Healthy Habits Preventative Care Visit

Date of Visit _____
(month, day, year)

Section 3. Signature

All information on this form is true and correct

(your signature)

(date)

Privacy Statement

The privacy of the information on this form is protected by state and federal law. Your incentive will be distributed by California Schools Employee Benefits Organization (CSEBO).

None of your specific information will be shared with your employer.