Employee Name (printed )	Employee ID#		
Contact Number(s)	Spouse Name		
Monthly Amount	Additional Fees <i>(if applicable)</i> Monthly: Annual:		
Employee Signature	Date Completed		

## **3 EASY STEPS**

Keep in mind, you must attend min. of 4x per month to be eligible for reimbursement.

- 1. Employee completes top portion of form (blue section).
- 2. Representative from facility completes bottom portion of form (green section).
- 3. Submit the completed form DIRECTLY TO AGA. No other documentation is needed—submit only the completed form. Mail: 7605 Westfield Drive, Fort Wayne IN 46825 | Fax: 260-489-0365

## REIMBURSEMENT CHECKS

AGA will send all reimbursement checks directly to your home. To ensure timely reimbursements this form must be completed in it's entirety. *Reimbursement checks are attached to Explanation of Benefits from the insurance company. For annual reimbursements, please submit the completed form at the end of each calendar year.* 

## Facility Name Facility Phone Representative Name (printed) Representative Signature Date Completed

	CITY EMPLOYEE INFORMATION		EMPLOYEE SPOUSE INFORMATION	
MONTH	Employee Name	Visits	Spouse Name	Visits
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				