

**TRANSPORTATION COMMUNICATIONS INTERNATIONAL UNION  
LOS ANGELES METROPOLITAN TRANSPORTATION AUTHORITY**

**EXTRA MILE BENEFITS (WELLNESS PLAN)**

**EMPLOYEE SECTION**

1. Employee's Name	2. Soc. Sec. No.
3. Patient's Name	4. Relationship
5. Provider's Name	6. Type of Service

Type or print information (items 1 through 6) on the Employee Section above. **ONLY ONE PROVIDER CAN BE LISTED ON A REQUEST FORM.**

Enter total amount for which claim is being made in the appropriate sections. Accumulate at least \$50 in expenses to be reimbursed before submitting a claim.

To receive reimbursement, you must provide the following:

- Itemized bills or receipts from doctor or other supplier of services for expenses covered under the wellness program as follows:
- Nutritional Counseling  
Nutritional counseling will be covered when performed by a registered dietician.
- Alternative Remedies  
Coverage includes Non-FDA approved medications, homeopathic, vitamins and mineral supplements. Books and consultation fees will not be covered.
- Smoking Cessation Programs  
Participation in a smoking cessation program while under a physician's care will be covered. In addition, the cost of over-the-counter smoking cessation medications/aids will be reimbursed provided an itemized receipt and proof-of-purchase seal has been submitted with your claim.
- Physical Therapy and Chiropractic  
Physical Therapy and Chiropractic benefits not covered through your medical plan are eligible for reimbursement.

Retain copies of supporting documentation for your records as those submitted will not be returned.

Send a completed claim form(s) and the supporting documentation directly to the following address:

**TCU-MTA Trust Fund**  
1200 Wilshire Blvd., Fifth Floor  
Los Angeles, CA 90017  
(562) 463-5090 (800) 427-5342

WELLNESS PLAN EXPENSES

DATE OF SERVICE

CLAIM AMOUNT TO BE REIMBURSED

\$ \_\_\_\_\_

I certify that either myself and/or my eligible dependent(s) have incurred the expenses for which reimbursement is claimed under the Wellness Plan.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date