



Ivanhoe, MN • 507-694-1452 Slayton, MN • 507-836-6144
 Pipestone, MN • 507-825-6720 Luverne, MN • 507-283-5070
 Marshall, MN • Human Services 507-537-6747 • Health Services 507-537-6713
 Redwood Falls, MN • Human Services 507-637-4050 • Health Services 507-637-4041

Offices Located in: _____

Ma 006b 02 25

COST EFFECTIVE INSURANCE PREMIUM REIMBURSEMENT VOUCHER

To receive reimbursement for health insurance premiums; excluding Medicare:

- ❖ Complete voucher form with signature – **electronic signature not accepted**
- ❖ Return form and proof of premiums deducted from each paycheck by 5th working day of the month
- ❖ **Approved payments are issued the Friday following the 3rd Wednesday of each month. Forms received after the due date will delay payment until the following month. Income verifications returned without a completed voucher will not be reimbursed.**
- ❖ Email address listed below is allowed to send vouchers and income verifications. However, there will be no communication back from this email address regarding receipt of documents or status of reimbursement. If sending document to the email address, PDF Version of documents are preferred as images in jpg are not always clear and legible.

Lincoln, Murray, Pipestone and Rock County clients::
 return completed form to:

SWHHS
Attn: Jane Mellenthin
607 W Main St, Suite 100
Marshall, MN 56258

Marshall.frontdesk2@swmhsmn.gov
FAX: 507.537.6088

Lyon and Redwood County clients:
 return completed form to :

SWHHS
Attn: Kelli Buysse
607 W Main St, Suite 100
Marshall, MN 56258

Marshall.frontdesk2@swmhsmn.gov
FAX: 507.537.6088

Reimbursement Month: _____ **Case Number:** _____

Claim payable to: *(Please Print)* _____

Claimant Address: *(Please Print)* _____

Claimant Signature: _____ **Date:** _____

Approved by: _____ Date: _____ Worker #: _____