YOUNG LIFE BENEFITS PLAN

UMR M/F/I Counseling Reimbursement Form – Grp # 76410569

- If you are enrolled in the 80/50 High Deductible Health Plan, these services will apply to the annual deductible before reimbursement is available.
- All qualifying submissions must include this form, the itemized billing from the counselor and a covered diagnosis as listed below. Family members' services will be paid under the employee's record.
- If claims are submitted with only a mental health diagnosis (not one below), this benefit will not apply.
- Services submitted and processed under the mental health benefit cannot be resubmitted for correction under the M/F/I benefit.
- Submissions with no diagnosis will be denied.
- For additional information about counseling and submitting claims, click here.

Section 1 — Employee Section

Employee Name: **UMR Member ID #:** **Date(s) of Service:**

Patient Name(s): **Relationship:**

Services Total: $ **Mileage Total: $** ($0.21 per mile, 2024-2025; documentation required: mapquest, google maps)

TOTAL REQUESTED: $ (Calendar year max is $4,000 per family, and services must be performed by a licensed/certified counselor.)

Employee's Signature: **Date:**

INTERNATIONAL STAFF: ☐ Mark this box AND include your banking information in the body of your email to UMR.

Section 2 — Counselor Section (if a covered diagnosis is not included on billing)

☐ **Marriage Counseling** ☐ **Pre-marital Counseling** ☐ **Family of Origin Counseling**

OR

☐ **List a Marriage/Family-related Diagnosis Code (Z62-Z63 series):**

Counselor's Signature: _____ **Date:** _____

Email this form and the itemized bills to UMR. Reimbursement will be made to you via check or direct deposit.
All inquiries about this claim should be directed to UMR.
Email: umr-younglife@umr.com