Wellness Screening Reimbursement Form

This communication applies to both BBU and Bimbo QSR non-union associates.

Wellness Screening Reimbursement Form Instructions

Bimbo Bakeries USA (BBU) and Bimbo QSR (referred to collectively as "Company") are committed to helping you understand and improve your health, which is why we encourage you to receive an annual Wellness Screening. **This form should only be used if you are not covered under a Company medical plan when you visit your physician and receive your Wellness Screening.**

What You Need to Do

If you are not enrolled in a Company medical plan and want the cost of your screening to be reimbursed by the Company, you must:

- Schedule an appointment with an in-network physician. To find a list of physicians in your area that participate in the Blue Cross Blue Shield of Illinois network, please visit **bcbsil.com** and click "Find Care" then "Find a Doctor or Hospital." **Your expenses will only be reimbursed if you visit an in-network provider.**
- At your appointment, tell the physician this is a standard routine preventive care visit and should be billed accordingly. No additional procedures will be reimbursed.
- Then, send the form below, along with the receipts for your medical services, to the Benefits Department. This information can be submitted via mail or email as noted on this form.

When you submit information, please make sure of the following:

1. Fill out the form completely and provide all requested information.
2. Sign and date the form.
3. **Attach or enclose receipts of your expenses (with explanation of service) with the form and ensure that these receipts have been stamped or signed by your in-network physician.**
4. Ensure that your physician has submitted either the **Physician Results Form** to Quest Diagnostics or the **Healthy Standard Appeals Form** to the Benefits Department **by September 30, 2025** for you to earn medical plan premium discounts for 2026. Discounts will be applied for the first paycheck of 2026.

If your request for reimbursement is not complete, your reimbursement will not be processed. Also, only medical expenses incurred through an in-network physician will be reimbursed. The Company will not reimburse for incidental expenses such as transportation costs or any separate fees the physician may charge for filling out either the **Physician Results Form** or **Healthy Standard Appeals Form**.

Please remember that requests for reimbursement must be submitted **by September 30, 2025** to qualify for reimbursement. Requests submitted after that date will **not** be accepted.

Your expense reimbursement will be paid to you approximately eight weeks after the submission deadline. Please note that the reimbursement will be paid the same way you receive your paycheck.

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This form must be submitted by September 30, 2025 to qualify for reimbursement.

Personal Information

Associate Name: Associate ID:

(Please print)

Address:

Work Location and Address: Email:

Form Submitted: ❑ Physician Results Form ❑ Healthy Standard Appeals Form

Expenses

Physician Charges			
Date of Service	**Description of Service**	**Amount Paid**	**Name of Physician**

Notes:

- To be eligible for reimbursement, you must ensure that your physician has submitted either the **Physician Results Form** to Quest Diagnostics or the **Healthy Standard Appeals Form** to the Benefits Department by **September 30, 2025** and you must not be covered under a Company medical plan on the date of service.
- Only one in-network physician visit and one set of lab tests will be reimbursed for each **Physician Results Form**.
- Only the in-network physician visit portion of the medical services received will be reimbursed. Transit, form completion costs and other incidental expenses do not qualify for reimbursement.
- **Attach or enclose receipts of your expenses (with explanation of service) with the forms and ensure that these receipts have been stamped or signed by your physician.**
- Please note that the reimbursement will be paid the same way you receive your paycheck.

By signing this form I approve the release of participation information by Quest Diagnostics to verify my eligibility for reimbursement.

Signature: Date:

To Submit Form

You must email (preferred) or postmark this form by September 30, 2025.

Email to: HRBenefitSolutions@grupobimbo.com **Mail to:** Bimbo Benefits Department
355 Business Center Drive, Horsham, PA 19044

If you have any questions, please email the Benefits Department at **HRBenefitSolutions@grupobimbo.com**.

Attention Associate: Please retain a copy of this form for your records.

July 2025