



Fitness Reimbursement Form

Employer Name: _____ Group Number: _____

WHAT TYPES OF HEALTH CLUBS QUALIFY UNDER THIS BENEFIT?

- A qualified, full-service health and fitness club with cardiovascular and strength-training equipment and facilities for exercising and improving physical fitness qualifies.
- Examples of facilities that DO NOT qualify for reimbursement include: Martial arts or gymnastic facilities; fees for personal trainers, classes, country clubs; tennis, aerobic or pool-only facilities; sports teams and leagues.

WHEN TO SUBMIT THIS FORM:

- Please refer to your Plan Document or your Summary of Benefits and Coverage for specific details concerning this benefit, including limits and/or restrictions, under your plan.
- Once all sections have been completely filled out and signed by the employee, please mail the completed form with all necessary documentation (copies of receipts and your health club membership agreement form) to:

Health Plans, Inc., PO Box 5199, Westborough, MA 01581

To Be Completed by Employee

<i>Employee Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Health Plans Member ID #</i>	<i>Date of Birth</i>
<i>Mailing Address</i>	<i>City</i>	<i>ST</i>	<i>ZIP Code</i>	<i>Home Phone</i>
				<i>Email Address</i>

Member/Dependent Information

Reimbursement is requested for the following participant (please check): Employee Spouse Child

If reimbursement is requested for a participant *other than the employee*, please provide the dependent information below:

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Gender</i>	<i>Date of Birth</i>	<i>Relationship</i>
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Health Club Information

Please provide the following information about the health club fees for which you are claiming reimbursement:

DATES ATTENDED: From: MM/DD/YYYY To: MM/DD/YYYY	FITNESS CLUB NAME	ADDRESS, CITY & STATE	PHONE NUMBER <i>(including Area Code)</i>	\$ AMOUNT CLAIMED
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I certify that the information on the form and all supporting documents are complete, accurate and unaltered.

Signature: _____
Signature of Employee
Date Signed

Submit this completed form, along with copies of your payment receipts and your health club membership agreement, to:
Health Plans, Inc., PO Box 5199, Westborough, MA 01581