Getting reimbursed is easy

Please enclose copies of the following:

☑ Copy of your health/fitness membership agreement
☑ Completed Fitness Reimbursement Form
☑ Receipts showing that you paid for at least four months in a calendar year for membership or subscription fees (must show your name and the facility or program name). Fees must equal or exceed amounts being claimed.

Mail to:
Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

You have questions? We have answers!

How do I qualify for a reimbursement?

• You must be eligible for fitness reimbursement through your Harvard Pilgrim plan.
• Fitness facility or other qualified fitness membership must be for at least four months in a current calendar year.
• Current Harvard Pilgrim membership must be at least four months in a calendar year and must coincide with four months of fitness membership or subscription.

When can I submit my Fitness Reimbursement Form?

• Starting on May 1 of the current calendar year and when you have met the above-stated criteria.

What qualifies for fitness reimbursement?

• Full-service health/fitness facilities that have cardiovascular and strength-training equipment qualify, as well as facilities for exercising and improving physical fitness. Validation as full-service is subject to approval by Harvard Pilgrim.
• Fitness studios/facilities that offer yoga, Pilates, Zumba, aerobic/group classes, indoor cycling/ spinning classes, kick-boxing, CrossFit, strength training, tennis, indoor rock climbing and personal training (taught by a certified instructor).
• Virtual fitness subscriptions. Validation is subject to approval by Harvard Pilgrim.
• Not eligible for reimbursement: fees you pay for group classes or personal training outside of a fitness facility/studio, and health club initiation fees or costs that you pay for instructional dance studios, country clubs, social clubs (such as ski, riding or hiking clubs), spas, gymnastics facilities, martial arts schools, pool-only facilities, road race fees, sport camps, ski passes, sports teams or leagues, and school sports athletic user fees.
How much can I claim for fitness reimbursement?*

• The standard reimbursement for most plans is up to $150 per calendar year per individual or family in total, for fitness membership fees for the subscriber and/or their dependents.

• Some members may be eligible for a different reimbursement amount based on their health plan.

• For some small group or individual plans, a subscriber and second family member on the plan will be reimbursed up to $150 each per calendar year. Other plans allow up to $150 combined amount for fitness membership fees and fitness trackers.

• Check with your employer or contact Member Services for eligibility and reimbursement amount.

What happens after I submit the Fitness Reimbursement Form?

• Reimbursement checks will be mailed and made payable only to the Subscriber only at the Subscriber’s address of record. No other address will be accepted. If you believe your current address is different from the address we have on file, please call the Member Services number on the back of your ID card before you submit the form.

• Please allow up to 8 weeks for processing.

* Fitness reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor.
To be filled out by Harvard Pilgrim Health Care SUBSCRIBER only. Please use blue or black ink and print all information clearly.

**When to submit this form**
- When you are eligible for fitness reimbursement through your employer or individual plan.

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**Section A – Subscriber Information (person who holds coverage)**

Harvard Pilgrim ID Number

Subscriber’s Last Name

First Name

Middle Initial

Date of Birth (mm/dd/yyyy)

Address

City

State

ZIP Code

Daytime Phone (area code) xxx-xxxx

Company Name (Employer)

Subscriber’s Email

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**Section B – Subscriber and/or Member Information for Reimbursement**

Harvard Pilgrim ID Number

Last Name

First Name

Date of Birth (mm/dd/yyyy)

Harvard Pilgrim ID Number

Last Name

First Name

Date of Birth (mm/dd/yyyy)

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**Section C – Fitness Program Information**
(List all health and facility memberships that you and/or your dependent(s) are submitting for reimbursement spanning the qualifying four months.)

<table>
<thead>
<tr>
<th>ATTACH DOCUMENTATION</th>
<th>Calendar Year from: mm/dd/yyyy to: mm/dd/yyyy</th>
<th>Facility or Program Name</th>
<th>City, State</th>
<th>Phone Number (Area Code) xxx-xxxx</th>
<th>$ Amount being claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>from: <em><strong>/</strong></em>/_______</td>
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</table>

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**Section D – Fitness Tracking Device Information**
(List the brand – i.e., Apple Watch, Fitbit, Garmin, Nike, Samsung Gear, etc.) (NOT ALL MEMBERS ARE ELIGIBLE FOR THIS REIMBURSEMENT; see instructions on page 2)

<table>
<thead>
<tr>
<th>ATTACH RECEIPT</th>
<th>Purchase Date</th>
<th>Tracking Device Brand</th>
<th>$ Amount being claimed</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Total number of documents ______

Total dollar amount being claimed $__________

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**Section E – Subscriber Certification**

I certify the information on the form and all supporting documents are complete, accurate and unaltered. I will attempt, in good faith, to regularly use my fitness services for which I am being reimbursed.

Subscriber’s Signature

Date

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* Fitness reimbursement may be considered taxable income.
For tax information, consult your employer or tax advisor.