

Fitness Reimbursement Form Instructions

Please read the instructions below, then fill out the Fitness Reimbursement Form on page 3.

Mailing Instructions

Keep copies of all documentation before sending in your Fitness Reimbursement Form.

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

Commonly Asked Questions and Answers

How do I qualify for a reimbursement?

- The subscriber must be an active Harvard Pilgrim member during the time for which they are requesting reimbursement.
- Current Harvard Pilgrim membership must be at least four months with the same employer group in a calendar year and must coincide with four months of fitness membership or subscription.

When can I submit my Fitness Reimbursement Form?

- Starting with 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 class 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.

Continued ►

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

How much can I claim for fitness reimbursement?

- Reimbursement per calendar (e.g., January–December) year is up to \$200 per individual contract and up to \$400 per family contract, in total for health/fitness membership or virtual subscription for the subscriber and/or their dependents.
- Up to two covered members on a family plan can be reimbursed.
- In plans covering more than one person, any combination of subscriber, spouse or dependent may reach the \$400 maximum in each calendar year. For example, one person can receive up to \$400, or two can earn \$200 each.

What receipts are needed if I'm requesting reimbursement more than one family member?

- If the subscriber and second family member have a membership at the same facility, the membership contract must clearly state that it's a family contract.
- If the subscriber and other family member have memberships at different facilities, the subscriber must provide copies of **both** membership contracts when submitting the request.
- **Important reminder:** The subscriber may only submit one reimbursement request to Harvard Pilgrim per calendar year.

What happens after I submit the Fitness Reimbursement Form?

- Reimbursement checks will be mailed and made payable to the Subscriber only at the Subscriber's address of record. No alternative address will be accepted.
- If you believe your current address is different than the address of record in Harvard Pilgrim's systems, please contact your employer's Human Resources office prior to submitting your Fitness Reimbursement Form.
- Please allow up to 8 weeks for processing.

Fitness Reimbursement Form

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

- After you have been a member in qualified fitness program and Harvard Pilgrim for at least four months in a calendar year.
- Once per calendar year, submit by March 31 of the following year, with all necessary receipts or proof of payment.
- Once all sections have been completely filled out and signed by the subscriber

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 | |

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) |

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

| ATTACH DOCUMENTATION | Calendar Year from: mm/dd/yyyy to: mm/dd/yyyy | Facility or Program Name | City, State | Phone Number (Area Code) xxx-xxxx | \$ Amount being claimed |
|----------------------|---|--------------------------|-------------|---|-------------------------|
| | from: ___/___/___ to: ___/___/___ | | | | |
| | from: ___/___/___ to: ___/___/___ | | | | |
| | from: ___/___/___ to: ___/___/___ | | | | |

Total number of documents ____ Total dollar amount being claimed \$ _____

Section D – Subscriber Certification

I certify the information on the form and all supporting documents are complete, accurate and unaltered. I affirm that I will attempt, in good faith, to regularly attend my health club and utilize membership for which I am being reimbursed.

Subscriber's Signature

Date