

## Harvard Pilgrim's Medicare Supplement Fitness Reimbursement Form

Please read the instructions below, then proceed to fill out the Fitness Reimbursement Form on page 2.

### Mailing Instructions

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

Please enclose copies of the following:

1. Copy of your health club or fitness facility membership agreement
2. Completed Fitness Reimbursement Form
3. Copy of at least four months of receipts in a calendar year (cash/check/credit/electronic) for membership fees clearly documenting your name and the facility name. Fees must equal or exceed amount 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?

- Health club or fitness facility 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 health club or fitness membership.

#### 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.

#### Which fitness facilities qualify?

- Full-service health/fitness clubs that have cardiovascular and strength-training equipment and 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, kickboxing, CrossFit, strength training, tennis, indoor rock climbing and personal training (taught by a certified instructor).
- **Note:** The following *are 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 reimbursement?

- Reimbursement is up to \$150 per calendar year (e.g., January–December), in total for health club/fitness facility membership fees for the subscriber.
- Subscriber may receive up to \$150 reimbursement only once per calendar year.

#### What happens once 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 us prior to submitting your Fitness Reimbursement Form.
- Please allow up to 8 weeks for processing.



## Harvard Pilgrim's Medicare Supplement 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 of a fitness facility and Harvard Pilgrim Health Care's Medicare Supplement plan for at least four months in a calendar year.
- Once per calendar year, submitted 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		Subscriber's Email	

### Section B – Fitness Facility Information *(List all health clubs and facilities that you are submitting for reimbursement.)*

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

Total number of documents \_\_\_\_\_

Total dollar amount being claimed \$ \_\_\_\_\_

### Section C – 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 attend my fitness facility and use the membership for which I am being reimbursed.

Subscriber's Signature	Date
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