

FITNESS REIMBURSEMENT

Effective January 1, 2018 through December 31, 2018

Reward Yourself With a Fitness Reimbursement

To encourage you to be fit and stay healthy, Tufts University offers a fitness reimbursement to employees who are enrolled in a Tufts University health plan.

Fitness Reimbursement

Tufts University will give you a reimbursement on your fitness center membership or certain group exercise classes. It's simple!

The reimbursement is available to members age 18 and older. The subscriber and one other covered dependent qualify for a \$150 individual reimbursement with a maximum of \$300 family per year on expenses for fitness center membership or 24 group exercise classes within a 12-week period.

Your fitness expenses must meet the following criteria for the reimbursement:

- ▶ For fitness centers, you must be a member of the center for at least three months during 2018 before you qualify for the reimbursement.
 - The center must offer cardio and strength-training machines and other programs for improved physical fitness.
 - Eligible expenses do not include martial arts centers, gymnastics centers, country clubs, aerobics-only or pool-only centers, sports teams and leagues, social clubs and tennis clubs, personal trainers, sports coaches, or the purchase of personal or at-home exercise machines.
- ▶ Group exercise classes must take place in a studio or health club and include aerobics, cycling, yoga, Pilates, Zumba, and kickboxing.
 - Eligible expenses do not include dance classes and classes held in a residential setting.

Submitting your request:

- ▶ The reimbursement is paid to the subscriber.
- ▶ You must submit the request by March 31 in order to be reimbursed for fitness costs for the previous calendar year.
- ▶ Submit the Fitness Reimbursement Form on the reverse of this page, along with one of the following:

① Proof of fitness center membership and payment

OR

② Proof of charges and payment for group exercise classes



SUBMIT YOUR REIMBURSEMENT FORM >>>

FITNESS REIMBURSEMENT FORM - 2018

You must complete all fields. Please print clearly. Retain a copy of all receipts and documents for your records. Please be sure to sign the form. Tufts University employees who have been a health plan member for at least three months during 2018 are eligible.

You have until March 31, 2019 to submit your request for the fitness reimbursement for 2018. The reimbursement applies to the subscriber and to one dependent age 18 or older per year. The reimbursement is paid to the Tufts Health Plan subscriber. Tufts Health Plan usually process reimbursements within 4 to 6 weeks of receipt.

SUBSCRIBER INFORMATION (If a reimbursement is being requested for the subscriber)

Please continue to the next page if requesting reimbursement for a family member.

Name (Last, First, Middle Initial): _____
Date of Birth: ____ / ____ / ____ Sex: M F Tufts Health Plan ID#

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Address: _____ Telephone: _____

FITNESS CENTER INFORMATION

Fitness Club Name: _____
Address: _____ Telephone: _____
Dates of fitness club membership: _____ Amount Paid: _____

GROUP EXERCISE CLASS INFORMATION

Group Exercise Class Name: _____
Address: _____ Telephone: _____
Dates of group exercise class(es): _____ Amount Paid: _____

PAYMENT INFORMATION

Please indicate which one of the following forms of proof of payment you are including with this form:

- An itemized receipt from the fitness club and/or group exercise class, showing the dates of membership and dollar amounts paid
- A statement from the fitness club's and/or group exercise class' letterhead, with an authorized signature, indicating payment was made

FOR INTERNAL USE ONLY		
Diagnosis Code: 799	Description: General	Procedure code: T4220 Health club membership, annual
		Procedure code: S9451 Group exercise classes

SIGNATURE REQUIRED

I attest that the above information is true and accurate, and the services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be canceled and I may be subject to criminal and/or civil penalties for false health care claims. I also understand that Tufts Health Plan may request any additional information it deems necessary to verify that services were received and payment was made. I understand that this reimbursement may be considered taxable income.

Subscriber Signature: _____ Date: _____

Please submit this form and all documentation to:

Tufts Health Plan | Member Reimbursement Claims, PO Box 9191
Watertown, MA 02471-9191

Please do not staple any materials to this form



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DEPENDENT INFORMATION (If a reimbursement is being requested for a family member)

Name (Last, First, Middle Initial): _____
Date of Birth: ____/____/____ Sex: M F Tufts Health Plan ID#

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Address: _____ Telephone: _____

FITNESS CENTER INFORMATION

Fitness Club Name: _____
Address: _____ Telephone: _____
Dates of fitness club membership: _____ Amount Paid: _____

GROUP EXERCISE CLASS INFORMATION

Group Exercise Class Name: _____
Address: _____ Telephone: _____
Dates of group exercise class(es): _____ Amount Paid: _____

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