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 3-month reimbursement 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 2017 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
  2. Proof of charges and payment for group exercise classes
FITNESS REIMBURSEMENT FORM – 2017

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 2017 are eligible.

You have until March 31, 2018 to submit your request for the fitness reimbursement for 2017. 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# ____________________________

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 Box9191
Watertown, MA 02471-9191

Please do not staple any materials to this form

TUFTS UNIVERSITY

TU-FITNESS-REIMBURSEMENT-10/16
FITNESS REIMBURSEMENT FORM – 2017

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 2017 are eligible.

You have until March 31, 2018 to submit your request for the fitness reimbursement for 2017. 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.

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

Name (Last, First, Middle Initial): ________________________________
Date of Birth: ______/_____/_______  Sex: ☐ M ☐ F  Tufts Health Plan ID# ____________
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  Procedure code: T4220 Health club membership, annual
Description: General Procedure code: S9451 Group exercise classes

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Dependent 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
Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Tufts Health Plan:**

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Tufts Health Plan at 800.462.0224.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Tufts Health Plan, Attention:**
Civil Rights Coordinator Legal Dept.
705 Mount Auburn St. Watertown, MA 02472
Phone: 888.880.8699 ext. 48000, [TTY number — 800.439.2370 or 711]
Fax: 617.972.9048
Email: OCRCoordinator@tufts-health.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)


tuftshealthplan.com | 800.462.0224
For no cost translation in English, call the number on your ID card.

Arabic للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

Chinese 若需免费的中文版本，请拨打ID卡上的电话号码。

French Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d’identité.

German Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

Greek Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.

Haitian Creole Pou jwe a tradiksyon gratis nan lang Kreyòl Ayisyen, rele nime kò sou kat ID ou.

Italian Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

Japanese 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

Khmer (Cambodian) អាចចុះបញ្ហានេះពិសេសៗបានប្រសិនបើអ្នកមានលេខសម្រាប់ការទិញរឿងភាគីជាច្រះ

Korean 한국어 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

Laotian ທ່ານ/ນ່າທາ falsely ທ່ານ/ນ່າທາ falsely ທ່ານ/ນ່າທາ falsely ທ່ານ/ນ່າທາ falsely ທ່ານ/ນ່າທາ falsely

Navajo Doo báh ilíiní da Diné k’ehjí ál néehgo, hodiilnih bée bée hani’il é bée néé ho’dilzingo nantinigií bikáá’.

Persian برای ترجمه رایگان فارسی به شماره تلفن مندرج در کارت شناساییتان زنگ زنید

Polish Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana Id dowodzie tożsamości.

Portuguese Para tradução grátis para português, ligue para o número no seu cartão de identificação.

Russian Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

Spanish Por servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

Tagalog Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

Vietnamese Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.