

# FITNESS REIMBURSEMENT

Effective January 1, 2020 through December 31, 2020

## 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 2020 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 – 2020

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 2020 are eligible.

You have until March 31, 2021 to submit your request for the fitness reimbursement for 2020. 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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**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 2020 are eligible.

You have until March 31, 2021 to submit your request for the fitness reimbursement for 2020. 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 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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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*



# DISCRIMINATION IS AGAINST THE LAW



**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](mailto: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>, 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)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

[tuftshealthplan.com](http://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** 若需免費的中文版本，請撥打 ID 卡上的電話號碼。

**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 κάρτας σας.

**Haitian Creole** Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki 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)** សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

**Korean** 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

**Laotian** ສໍາລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ຮັບຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

**Navajo** Doo báąh ilíní da Diné k'chjí álnéehgo, hodiilnih béésh bee hani'ée bee nées ho'díłzingo nantinígíí bikáá'.

**Persian** برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسائی تان زنگ بزنید.

**Polish** Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i 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.