



## Harvard Pilgrim 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 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 health club membership dues clearly documenting your name and the health club name. Dues 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?

- The subscriber must be active with coverage that includes the Fitness Reimbursement program at the time Harvard Pilgrim receives a completed Fitness Reimbursement Form.
- 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 gym 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.

#### How does my health club qualify?

- Qualified, full-service health/fitness clubs have cardiovascular and strength-training equipment and facilities for exercising and improving physical fitness. Certain group exercise classes qualify, including but not limited to yoga, Pilates, aerobics, kickboxing and Zumba. Fitness center and group exercise class validation is subject to approval by Harvard Pilgrim.

- Fitness reimbursement does not include martial arts centers, gymnastic centers, country or social clubs and sports teams or leagues. Individual classes and personal trainers are not eligible for reimbursement.

#### How much can I claim for reimbursement?

- Reimbursement is up to \$150 per calendar year (e.g., January–December) per family, in total for health club membership and group exercise class dues for subscriber and/or their dependents.

#### 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 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 health club and Harvard Pilgrim Health Care for at least four months in a calendar year.
- Once per calendar year, filed by March 31 of the following year, with all necessary receipts and health club contract.
- 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)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

**Section C – Health Club/Class Information** *(List all health clubs and group exercise classes 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	Name of Club (and class if applicable)	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 that 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 \_\_\_\_\_