

Harvard Pilgrim Fitness Reimbursement Form

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

Mailing Instructions

Please enclose the following:

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

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.
4. Mail to: Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

Commonly Asked Questions and Answers

How do you qualify for a reimbursement?

- If enrolled through an employer, the employer must offer Harvard Pilgrim's fitness reimbursement program. If enrolled through a Harvard Pilgrim Buy Direct plan, you'll be eligible after four months in the plan. Note: Reimbursement is not available to members enrolled through Nongroup (enrolled prior to July 1, 2007), Passport Connect, some Harvard Pilgrim Choice Plus and Options plans, the Independence Plan for GIC, New Hampshire Healthy Kids, USNH and Health Plans, Inc.
- Health club membership must be for at least four months in a current calendar year.
- Subscriber must be active with coverage that includes the Fitness Reimbursement program, i.e., a current member of Harvard Pilgrim, at the time of Harvard Pilgrim's receipt of a **complete** fitness reimbursement form.
- Current Harvard Pilgrim membership must be equal to or greater than four months with the same employer group (or enrolled in a Buy Direct plan for at least four months) in a calendar year and must coincide with four months of gym membership.

When can you submit your Fitness Reimbursement Form?

Starting with May 1 of the current calendar year* and when you have met the above-stated criteria.

How does your health club qualify?

- A qualified, full-service health and fitness club is a facility with cardiovascular and strength-training equipment and facilities for exercising and improving physical fitness. Validation as full-service is subject to approval by Harvard Pilgrim Health Care.
- Facilities/programs that **DO NOT** qualify for reimbursement include: Martial arts centers, gymnastics facilities, classes, country clubs, fees for personal trainers, tennis, aerobic or pool-only facilities, as well as sports teams and leagues.

How much can you claim for reimbursement?

- Reimbursement is up to \$150 per calendar year (e.g., January–December) in total for health club membership dues for subscriber and/or their dependents.
- Subscriber may receive fitness reimbursement **only** once for a calendar year.

What happens once you 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. In most cases we will update your address in our systems directly — in other cases, if applicable, when your employer submits transactions to us electronically, we will ask you to inform your employer of your address change.
- Please allow 6–8 weeks for processing.

*If you are enrolled through an employer that offers this program upon the annual enrollment/anniversary date, you will be eligible four months after the enrollment/anniversary date. For example: If your employer's enrollment/anniversary date is July 1, eligibility to submit for reimbursement begins no earlier than November 1, (as long as all other criteria is met, including being an active member).

*This information refers to plans offered by Harvard Pilgrim Health Care and its affiliates, including
Harvard Pilgrim Health Care of New England and HPHC Insurance Company.
Fitness reimbursement program requirements are subject to change without notice.*

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 your employer has added the fitness reimbursement program.*
- 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) | Social Security Number (at least last four digits) | | |
| 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 Information (List all health clubs 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 | Club 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 \$ _____ up to \$150 per calendar year

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 _____