HealthPlans
A HARVARD PILGRIM COMPANY

FITNESS/WEIGHT LOSS REIMBURSEMENT FORM

Group Name_____ **Group Number**_____

WHAT TYPES OF HEALTH CLUBS/WEIGHT LOSS PROGRAMS QUALIFY UNDER THIS BENEFIT?

- A qualified, full-service health and fitness club with cardiovascular and strength-training equipment and facilities for exercising and improving physical fitness; Weight Watchers, Jenny Craig, and other weight loss programs.
- Examples of facilities/programs that DO NOT qualify for reimbursement include: Martial arts centers, gymnastic facilities, classes, country clubs, fees for personal trainers, tennis, aerobic or pool-only facilities, as well as sports teams and leagues.

WHEN TO SUBMIT THIS FORM:

- Please refer to your Plan Document or your Summary of Medical Benefits for specific details concerning this benefit, including limits and/or restrictions, under your plan.
- Once all sections have been completely filled out and signed by the employee, please mail completed form with all necessary documentation (copies of receipts and health club membership agreement or weight loss program registration form) to:

Health Plans, Inc., PO Box 5199, Westborough, MA 01581

To Be Completed by Employee

Employee Last Name	*First Name*	*MI*	*Health Plans Member ID #*	*Date of Birth*

Mailing Address	*City*	*ST*	*ZIP*	*Home Phone*	*Email Address*

Member/Dependent Information

Reimbursement is requested for the following participant *(please check)*: ☐ **Employee** ☐ **Spouse** ☐ **Child**

If reimbursement is requested for a participant other than the employee, please provide the dependent information below:

Last Name	*First Name*	*MI*	*Gender*	*Date of Birth*	*Relationship*

Health Club/Weight Loss Program Information

List the health club/weight loss program that you are claiming for reimbursement. List the qualifying four consecutive months or the program dates.

DATES ATTENDED: From: MM/DD/YYYY To: MM/DD/YYYY	FITNESS CLUB / WEIGHT LOSS PROGRAM NAME	ADDRESS, CITY & STATE	PHONE NUMBER *(including Area Code)*	$ AMOUNT CLAIMED
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I certify that the information on the form and all supporting documents are complete, accurate and unaltered.

Signature:_____ _____

Signature of Employee *Date Signed*

Submit the completed form, copy of your health club membership agreement, and receipts to:

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