Harvard Pilgrim Health Care

Fitness Reimbursement Form Instructions

Please read the instructions below, then fill out the Fitness Reimbursement Form on page 3.

Want your reimbursement faster? Submit your request online at **harvardpilgrim.org/fitnessreimbursement.**

Getting reimbursed is easy

Please enclose copies of the following:

- ☑ Copy of your health/fitness membership agreement
- ☑ Completed Fitness Reimbursement Form
- ☑ Receipts showing that you paid for at least four months in a calendar year for membership or subscription fees (must show your name and the facility or program name). Fees must equal or exceed amounts being claimed.



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

You have questions? We have answers!

How do I qualify for a reimbursement?

- You must be eligible for fitness reimbursement through your Harvard Pilgrim plan.
- Fitness facility or other qualified fitness membership must be for at least four months in a current calendar year.
- Current Harvard Pilgrim membership must be at least four months in a calendar year and must coincide with four months of fitness membership or subscription.

When can I submit my Fitness Reimbursement Form?

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

What qualifies for fitness reimbursement?

- Full-service health/fitness facilities that have cardiovascular and strength-training equipment qualify, as well as facilities for exercising and improving physical fitness.
- Fitness studios/facilities that offer yoga, Pilates, Zumba, aerobic/group classes, indoor cycling/spinning classes, kick-boxing, CrossFit, strength training, tennis, indoor rock climbing and personal training (taught by a certified instructor).
- Virtual fitness subscriptions.
- Not eligible for reimbursement: fees you pay for group classes or personal training outside of a fitness facility/studio, and health club initiation fees or costs that you pay for instructional dance studios, country clubs, social clubs (such as ski, riding or hiking clubs), spas, gymnastics facilities, martial arts schools, pool-only facilities, road race fees, sport camps, ski passes, sports teams or leagues, and school sports athletic user fees.
- Validation is subject to approval by Harvard Pilgrim.

Continued ▶

Harvard Pilgrim Health Care includes Harvard Pilgrim Health Care, Harvard Pilgrim Health Care of New England and HPHC Insurance Company.

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How much can I claim for fitness reimbursement?*

- When eligible, members can be reimbursed for up to $150 each, for fitness reimbursement. Any combination of subscriber, spouse or dependent is eligible for reimbursement.

What happens after I submit the Fitness Reimbursement Form?

- Reimbursement checks will be mailed and made payable **only** to the Subscriber only at the Subscriber's address of record. No other address will be accepted. If you believe your current address is different from the address we have on file, please call the Member Services number on the back of your ID card before you submit the form.
- Please allow up to 8 weeks for processing.

* Fitness reimbursement may be considered taxable income. For tax information, consult your employer or tax advisor.

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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

- When you are eligible for fitness reimbursement through your employer or individual plan.
- After you have been a member in qualified fitness program and Harvard Pilgrim Health Care for at least four months in a calendar year.
- Once per calendar year, submitted by March 31 of the following year, with all necessary receipts or proof of payment. Some small group and individual plans have until December 31 of the following calendar year to submit for reimbursement.
- After 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)

Section C – Fitness Program Information (List all health and facility memberships that you and/or your dependent(s) are submitting for reimbursement spanning the qualifying four months.)

ATTACH DOCUMENTATION

Calendar Year **from:** mm/dd/yyyy **to:** mm/dd/yyyy	**Facility or Program Name**	**City, State**	**Phone Number** (Area Code) xxx-xxxx	**$ Amount being claimed**
from: ____/____/____ **to:** ____/____/_____				
from: ____/____/____ **to:** ____/____/_____				

Section D – Fitness Tracking Device Information (List the brand – i.e., Apple Watch, Fitbit, Garmin, Nike, Samsung Gear, etc.) (NOT ALL MEMBERS ARE ELIGIBLE FOR THIS REIMBURSEMENT; see instructions on page 2)

ATTACH RECEIPT

Purchase Date	**Tracking Device Brand**	**$ Amount being claimed**

Total number of documents _____Total dollar amount being claimed $_____

Section E – Subscriber Certification

I certify the information on the form and all supporting documents are complete, accurate and unaltered. I will attempt, in good faith, to regularly use my fitness services for which I am being reimbursed.

Subscriber's Signature | Date

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