Harvard Pilgrim Health Care | Harvard Pilgrim Health Care *of New England*

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. Copy of receipts (cash/check/credit/electronic) for health club membership dues — must equal or exceed amount being claimed.
3. Completed Fitness Reimbursement Form
4. Mail to: Harvard Pilgrim Health Care
   P. O. Box 9185
   Quincy, MA 02269

Remember: Eligibility for Harvard Pilgrim's fitness reimbursement begins January 1, 2006. 2005 Health Club Membership (or earlier) is not eligible for reimbursement.

Commonly Asked Questions and Answers

How do you qualify for a reimbursement?

- The employer of the subscriber (i.e., the person who holds the Harvard Pilgrim policy) must offer Harvard Pilgrim's fitness reimbursement program. Note: Reimbursement is not available to members enrolled through First Seniority, Nongroup, Passport Connect and Health Plans, Inc.
- Health club membership must be for at least four consecutive months in length in a calendar year (beginning in January 2006).
- Subscriber must be active, 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 consecutive months in length with the same employer group in a calendar year.

When can you submit your Fitness Reimbursement Form?

Starting May 1, 2006.*

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.
- 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 2006) 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, 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.

*Certain employers will offer this program upon their annual enrollment/anniversary date. In these instances, you'll be eligible four consecutive months after the enrollment/anniversary date. For example: If your employer's enrollment/anniversary date is July 1, 2006, eligibility to submit for reimbursement begins no earlier than November 1, 2006 (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.

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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 consecutive 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)

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 consecutive 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: ___ /___ /_____				

Total number of documents _____

Total dollar amount being claimed $ _____
up to $150 per calendar year

I certify that the information on the form and all supporting documents are complete, accurate and unaltered.

Subscriber's Signature | Date