

# FITNESS CLUB REIMBURSEMENT

For UniCare State Indemnity Plan members

## What is the fitness club reimbursement?

The Plan offers a \$100 reimbursement benefit toward membership at a fitness club. Upon proof of payment, the reimbursement is paid to the Plan enrollee (subscriber).

## What types of fitness clubs qualify?

Eligible for reimbursement	Not eligible for reimbursement
<ul style="list-style-type: none"> <li>▪ Health clubs and gyms that have cardio / strength-training machines, as well as other programs for improved physical fitness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Beach clubs</li> <li>▪ Country clubs</li> <li>▪ Dance classes/studios</li> <li>▪ Exercise machines</li> <li>▪ Gymnastics centers</li> <li>▪ Martial arts centers</li> <li>▪ Personal trainers</li> <li>▪ Sports coaches</li> <li>▪ Sports teams/leagues</li> <li>▪ Tennis clubs</li> <li>▪ Yoga classes</li> </ul>

## What information do I need to provide?

1. A completed copy of the **Fitness Club Reimbursement form** (page 2)
2. **Proof of payment** (at least one of the following):
  - Itemized receipts from the fitness club that shows how much you paid and for what period of time
  - Copies of receipts for fitness club membership dues
  - Credit card statement or receipts
  - Statement from fitness club showing that payment was made (statement must be on the club's letterhead and have an authorized signature)

## What else do I need to know?

- Write your UniCare member ID number** prominently on all the receipts and documents that you are sending to UniCare.
- Keep copies** of all your receipts and documents for your records.
- Send the completed reimbursement form** and copies of your payment receipts to the address shown in the box on page 2.
- We recommend that you send proof of payment for the entire amount instead of making several requests for lesser amounts.
- If you have any other questions, call UniCare Member Services (**833-663-4176** for Basic, PLUS and Community Choice members or **800-442-9300** for Medicare Extension members).

*Reimbursement form is on page 2 ➤*

## FITNESS CLUB REIMBURSEMENT *(continued)*

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### Fitness Club Reimbursement Form

<b>1. Enrollee name (Last, First, MI)</b>	<b>2. Enrollee address</b>
<b>3. Member ID (from UniCare ID card)</b>	
<b>4. Enrollee birth date</b>	<b>5. Member name (if different from enrollee)</b>
<b>6. Name of fitness club</b>	<b>7. Member's relationship to enrollee</b>
<b>8. Requested reimbursement amount</b> \$	<b>9. What months are you requesting reimbursement for? (Example: 7/2018 through 12/2018)</b>

Write your member ID on all paperwork.  
Send this form and your proof of payment to:

**UniCare State Indemnity Plan  
Fitness Club Reimbursement  
PO Box 9016  
Andover, MA 01810-0916**

See page 1 for instructions.