

FITNESS CLUB REIMBURSEMENT

For UniCare State Indemnity Plan members

What is the fitness club reimbursement?

You can get reimbursed **up to \$100** toward membership at a fitness club. UniCare will reimburse the Plan enrollee (subscriber) once each plan year when you send us proof of both club membership and payment. Any family member may have a fitness club membership, but **payment is made to the enrollee (subscriber) only**.

What types of fitness clubs qualify?

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

What information do I need to provide?

1. A completed copy of the **Fitness Club Reimbursement form** (see page 2)
2. A copy of the **membership agreement** with the fitness club
3. **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**, a copy of your club membership, and copies of your payment receipts to the address shown at the bottom of page 2.
- We suggest that you send proof of payment for the full amount instead of making several requests for lesser amounts.
- Call UniCare Customer Service at **800-442-9300** if you have any other questions.

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FITNESS CLUB REIMBURSEMENT *(continued)*

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Fitness Club Reimbursement form

1. Enrollee name (Last, First, MI)	2. Enrollee address
3. Member ID (from UniCare ID card)	
4. Enrollee birth date	5. Member name (if different from enrollee)
6. Name of fitness club	7. Member's relationship to enrollee
8. Requested reimbursement amount \$	9. Reimbursement applies to what plan year?

Write your member ID on all paperwork. Send this form, a copy of your club membership, and proof of payment to:

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

See page 1 for complete instructions.