



Today's date ___/___/___

Get a reward for exercising

Eligible *Tufts Health RITogether* members can receive a reimbursement of up to \$50 once every 12 months for a gym membership or fitness-related activity.

Follow these steps to request your reward:

1. Make sure you have been a *Tufts Health RITogether* member for three (3) months when you belong to a gym or complete fitness-related activities.
2. Fill out the **Member Information** section of this form.
 - If you fill out this form for another member, use that member's name, Tufts Health Plan Member ID # and address.
 - Fill out one (1) form for each member.
3. Mail or fax us the completed form and include:
 - An original, itemized receipt showing payment for a gym membership or eligible fitness-related activity.

EXTRAS may change. Please see our website at tuftshealthplan.com/RITogetherExtras for the most up-to-date EXTRAS and eligibility information.

Member Information

Name _____

Tufts Health Plan Member ID # _____

Address _____

City _____ State _____

ZIP _____

Phone _____ - _____ - _____ Email _____

Requesting reimbursement for (check one):

Gym membership fees Fitness activity fees (list activity): _____

Print the name Tufts Health Plan should write on the check (*Write the name of the eligible member or the parent/guardian of the eligible member.*): _____

We will begin processing your request when we receive the completed form. You should get your reward 6-8 weeks later.

Members, please mail this form to:

Tufts Health Plan
 Attn: Claims Department
 P.O. Box 9194
 Watertown, MA 02471-9194
Or fax to: 857.304.6400

Questions? Call us at
866.738.4116
Monday–Friday, 8 a.m.–6 p.m.