TUFTS Health Plan

Tufts Health RITogether
EXTRAS Fitness Reimbursement Form

Get a reward for working out

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. You must be a Tufts Health RITogether member for three (3) months to be eligible for this reimbursement.
2. Fill out the **Member Information** section of this form.
   - If you are filling out this form for another member, use that member's name, Tufts Health Plan Member ID # and address.
   - Fill out one form for each member.
3. Mail or fax us the completed form and include:
   - An original itemized receipt or an official, authorized letter from your gym showing payment for a gym membership or eligible fitness-related activity.

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

EXTRAS may change. Please visit **TuftsHealthPlan.com/RITogetherExtras** for the most up-to-date EXTRAS and eligibility information.

Today's date ____ / ____ / ____

Member information (to be filled out by member, parent or guardian)

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): _____

If you are requesting this on behalf of a child or dependent, please print the name of the parent/guardian the check should be made out to:

_____

Members, please mail this form to:

Tufts Health Plan
Attn: Claims Department
P.O. Box 524
Canton, MA 02021
Or fax to: 857-304-6300

Questions? Call us at 866-738-4116
Monday–Friday, 8 a.m.–6 p.m.