

Tufts Health Together (MassHealth) **EXTRAS Fitness Reimbursement Form**

Today	y's date	/	/
			_,

Get a reward for working out

Eligible Tufts Health Together (MassHealth) members can receive a reimbursement of up to \$30 once every calendar year for a gym membership or fitness-related activity.

Follow these steps to request your reward:

- 1. Make sure you have been a Tufts Health Together (MassHealth) member for three months and 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 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 reward 6–8 weeks later.

EXTRAS may change. Please visit tuftshealthplan.com/TogetherExtras 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	cone):
☐ Gym membership fees ☐ Fitness activ	vity fees (list activity)
_	
Name the check should be made out to (Name the check should be made ou	Vrite the name of the eligible member or the

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 888.257.1985 Monday-Friday, 8 a.m.-5 p.m.