



Today'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 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 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.

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 one*):

Gym membership fees Fitness activity fees (list activity) _____

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: 857.304.6300

Questions? Call us at 888.257.1985
Monday–Friday, 8 a.m.–5 p.m.