



Get a reward for working out

Eligible Tufts Health Together (MassHealth) members can receive a reimbursement of up to \$30 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 Together (MassHealth) member for three (3) months and belong to a gym or complete fitness-related activities.
2. Fill out the Member Information section of this form.
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.

Today's date ___/___/___

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):
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 888-257-1985
Monday-Friday, 8 a.m.-5 p.m.