



# Fitness Rewards

## Get money back on your fitness membership

\$150 per family, per benefit year for fitness center membership fees and/or exercise classes. This benefit applies to most Massachusetts (large group) and Rhode Island (large and small group) plans and is available upon renewal in 2024. You may confirm your fitness benefit by viewing your health plan coverage in your secure member account, visit [mytuftshealthplan.com](https://mytuftshealthplan.com).

### Rebate rules:

- You're eligible for the rebate once you've been a member of Tufts Health Plan and the gym for at least 4 consecutive months in the applicable benefit year.
- The fitness center must offer cardio and strength-training machines and other programs for improved physical fitness. The rebate does not include martial arts centers, gymnastics centers, country clubs, or pool-only centers, sports teams and leagues, social clubs and tennis clubs, personal trainers, sports coaches, or the purchase of personal or at-home exercise machines.
- Exercise classes include, but are not limited to: Pilates, Zumba, yoga, aerobics, online fitness classes, and kickboxing. In-person classes held in a residential setting or dance classes are not included.



Tufts Health Plan will pay up to the reimbursable amount based on your plan.

### Get your rebate:

Submit your rebate form online at: [mytuftshealthplan.com](https://mytuftshealthplan.com) under the Forms tab. Alternatively, you can mail in the rebate form on the reverse side.



# Member Fitness Rebate Form

**You must complete all fields.** Please print clearly. Retain a copy of all receipts and documents for your records. Please be sure to sign the form.

To qualify for the fitness rebate, you must complete 4 consecutive months of membership with Tufts Health Plan and 4 months with the gym in the applicable benefit year.

You will have 24 months from the date you paid your fitness club fees to submit your request for the fitness rebate. The rebate applies one time per family, one time per benefit year. The rebate is paid to the Tufts Health Plan subscriber after fitness costs are paid. We usually process reimbursements within 4 to 6 weeks of receipt. The rebate can be submitted multiple times until full reimbursement is met.

## Member information

Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Tufts Health Plan Member ID Number \_\_\_\_\_

## Fitness Center information

Fitness Club Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Year(s) of fitness club membership: Benefit Year 1: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Benefit Year 2: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

## Group Exercise Class information (check your benefits for this rebate)

Group Exercise Class Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Year(s) of group exercise class(es): Benefit Year 1: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Benefit Year 2: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

## Payment information

Please include one of the following forms of proof of payment with this form:

- An itemized receipt from the fitness club and/or group exercise class, showing the dates of membership and dollar amounts paid
- A credit card statement or receipt indicating fitness club and/or group exercise class payment
- A statement from the fitness club's and/or group exercise class' letterhead, with an authorized signature, indicating payment was made

## Signature Required

I attest that the above information is true and accurate, and the services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be canceled and I may be subject to criminal and/or civil penalties for false health care claims. I also understand that Tufts Health Plan may request any additional information it deems necessary to verify that services were received and payment was made. I understand that the fitness rebate may be considered taxable income.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this form and all documentation online at [mytuftshealthplan.com](http://mytuftshealthplan.com) under the Forms tab, or mail to:**

**Tufts Health Plan Member Reimbursement Claims  
One Wellness Way, PO Box 214, Canton, MA 02021**

Please do not staple any materials to this form.