FITNESS REWARDS
Stay in Shape and Save

Get Up to $150 or 3-Months Membership Back

You can get money back on your fitness membership depending on your plan and the size of your employer:

• **Small Group (1-50 employees):** Up to 3 months of monthly membership fees per family, per benefit year
• **Large Group (50+ employees):** Up to $150 per family, per benefit year. May also include certain group exercise classes — check your benefits

You’re eligible for the rebate once you’ve been a member of Tufts Health Plan and the gym for at least four consecutive months.

Rebate Rules:

1. 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.

2. If your company is a Large Group (over 50 employees) you may also qualify for the rebate by taking certain group exercise classes. These include, but are not limited to: Pilates, Zumba, yoga, aerobics, and kickboxing. Classes held in a residential setting or dance classes are not included.
   Check your benefits to see if they include a rebate for group exercise classes.

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](http://mytuftshealthplan.com) under the Forms tab.
Or, 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 four consecutive months of membership with Tufts Health Plan and 4 months with the gym.

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.

Member Information

Member Information
Name (Last, First, Middle Initial): _______________________________________________________________________
Date of Birth: _______ / _______ / ________________
Tufts Health Plan Member ID Number ID#

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 TO:

Submit your form online at: mytuftshealthplan.com under the Forms tab
or
Tufts Health Plan | Member Reimbursement Claims
PO Box 9191, Watertown, MA 02471-9191
Fax number: 617-673-0403
Please do not staple any materials to this form