

Signature

I authorize the release of any information to Tufts Health Plan about my health club membership. I certify that the information provided is complete and correct, and that I have not previously submitted for these services.

Signature

Date

Instructions

Reimbursement requests must be received by March 31 of the following year.

You can submit this form with paid receipts once and receive your \$150 (\$350 for Access PPO, Saver Rx HMO and Smart Saver Rx HMO plan members)* Wellness reimbursement in full, OR you may submit this form with paid receipts several times until you have received up to \$150 (\$350)*. You can receive up to \$150 (\$350)* per calendar year (January 1–December 31).

Please submit the following:

1. This completed form (only one member request per form please)

2. Photocopies of one of the following:

- Dated, paid receipt with the name of the facility, class, or counselor preprinted on the receipt, and the amount paid
- Front and back of cancelled check written to the facility, class, or counselor
- Credit card statement or receipt identifying the facility, class, or counselor

Photocopies must be on 8.5"×11" paper. Multiple receipts can be included on one page. Please keep copies of all the paperwork you send us. We are not able to return photocopies of receipts or agreements, even if the request for payment is denied.

Remember to check with your doctor before starting an exercise program!

Please mail this completed form and proofs of payment/receipts to:

 **Tufts Health Plan**
Wellness Benefit
P.O. Box 518
Canton, MA 02021-0518

For more information:

Call Member Services at **1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711)**
8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30).

*Members of Tufts Medicare Preferred Access PPO, HMO Saver Rx and HMO Smart Saver Rx plans can get up to a total of \$350 each calendar year. Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) (TTY: 711). Y0065_2024_155_C