

# FITNESS REWARDS



## REWARD YOURSELF FOR GETTING FIT

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To qualify for the fitness rebate, you must be eligible through your group plan and complete four consecutive months of membership with Tufts Health Freedom Plan.

To confirm if your group plan offers this benefit, call Tufts Health Freedom Plan Member Services at **888.501.6048**.

### GET UP TO \$150 OR 3-MONTHS MEMBERSHIP BACK

Depending on your plan and your employer, you can get money back on your fitness center membership. Members of Small Groups (1-50 employees) are eligible for up to 3 months of your monthly membership fees per family, per benefit year.

Members of Large Groups (over 50 employees) are eligible for up to \$150 per family, per benefit year and includes group exercise classes as well as gym memberships.

Once you've been a member of Tufts Health Freedom Plan and the gym for at least four months, you're eligible for the rebate.

Your fitness costs must meet the following criteria for the rebate:

- 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, aerobics-only 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. Group exercises include, but are not limited to: Pilates, Zumba, yoga, aerobics, and kickboxing. Classes held in a residential setting or dance classes are not included.

\*\*Group exercise classes include, but are not limited to: yoga, pilates, aerobics, Zumba, and kickboxing

Based on your plan, Tufts Health Freedom Plan will pay up to the allowed amount of your costs paid for the year.

### GET YOUR REBATE EVEN FASTER —

Register/submit your rebate form online at: [thfp.com/memberlogin](https://thfp.com/memberlogin) under the Forms tab.

Or, you can mail in the rebate form on the reverse side.

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

**SUBMIT YOUR REBATE FORM** 

# 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 Freedom 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 Freedom Plan subscriber after fitness costs are paid. We usually process reimbursements within 4 to 6 weeks of receipt.

## MEMBER/SUBSCRIBER INFORMATION

### Member Information

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Tufts Health Freedom Plan ID# 

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### Subscriber Information

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

## 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: \_\_\_\_\_

### FOR INTERNAL USE ONLY

Diagnosis Code: 799  
(Effective 10/1/15: R69)

Description: **General**

Procedure code: T4220 Health club membership, annual  
Procedure code: S9451 Group exercise classes

## 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 Freedom 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 interoffice this form and all documentation to:

Tufts Health Freedom Plan | Member Reimbursement Claims, PO Box 9191  
Watertown, MA 02471-9191



Please do not staple any materials to this form