

There is more to staying healthy than seeing your doctor. It's up to you to make healthy choices. That's why Health New England gives you more than just coverage for your doctor visits. Here is one many programs we offer to help you take charge of your health.

- **Fitness reimbursement benefit:** Health New England will reimburse up to \$150 per family per calendar year for qualifying fitness club membership, personal trainer fees, school & town sports registration fees, aerobic/wellness classes.
- **Weight loss reimbursement benefit:** Health New England will reimburse up to \$150 per family per calendar year for Weight Watchers®.

Fitness Club Requirements

- The fitness club must have cardiovascular and strength training exercise equipment (YMCA, Planet Fitness, Healthtrax, Gold's Gym, LA Fitness, Springfield Jewish Community Center, Attain, etc.) that are included in membership.

Weight Watchers® Requirements

- Reimbursement applies only to Weight Watchers®, Weight Watchers® Online and Weight Watchers at Work® meetings.
- You must submit proof of payment (dated paid receipts or copies of bank or credit card statements).
- For traditional Weight Watchers® please submit a copy of your stamped Weight Watchers® Membership book.
- For Weight Watchers® online, please provide a print out of your account billing history.

School and Town Sports Registration Requirements

- You must submit a dated paid receipt¹.

Aerobic/Wellness Class and Personal Trainer Requirements

- Class instructors and personal trainers must be certified.
- Classes may include: pilates, yoga, spinning, aerobics, strength training, tai chi, kickboxing, martial arts, etc.

Reimbursement Requirements - All Programs

- The participant in the program must be an active Health New England member at the time of participation.
- You can submit your form up to 2 times per family in each calendar year.
- Receipts will not be returned. Health New England will accept copies of the receipts.

Health New England will not reimburse you for:

- | | |
|---|--|
| • Classes or personal training sessions with uncertified trainers | • Fees paid to weight loss programs other than Weight Watchers® |
| • Country clubs; social clubs, or tanning salons | • Vitamins, supplements, sports/exercise equipment, or golf fees |
| • Fees paid for food, books, transportation, videos, or any other items or services | • Requests received later than March 31 of the following year |

HNEPlus

Combine this reimbursement program with our HNEPlus Discount program and save even more! Through the HNEPlus program, members can also receive discounts for choosing healthy lifestyles! Check out healthnewengland.org/hneplus to find ways an Health New England card adds extra value.

¹-Examples of receipts could be a canceled check, or bank/credit card statements.

For Health New England Use Only
 Current Health New England member
 Receipts/Contract that reflect payment
 Amount to reimburse \$ _____

WELLNESS REIMBURSEMENT FORM

Subscriber Information

Last Name:		First Name:	
Street Address:			
City:	State:	Zip:	
Health New England ID #:			
Telephone #:			
All reimbursements will be sent to the Subscriber's address currently on file with Health New England.			

Member Information (Name of all covered family members for whom you are submitting this request)

Member Name (Last, First)	Relationship to Subscriber	Date of Birth

Activity for reimbursement

Type of activity	Program/facility name	Address/Phone#	Amount requested	Calendar Year

Information needed for reimbursement

- A copy of relevant contracts, membership agreements, personal trainer agreements with license #, or registration forms: (school and town sports may submit dated paid receipt¹ only.)
- Dated paid receipts or copies of bank or credit card statements. The receipts must include the member's name.
- For traditional Weight Watchers®, please submit a copy of your stamped Weight Watchers® membership book.
- For Weight Watchers® online, please provide a print out of your account billing history.

Certification and Authorization. *(This form must be signed by each covered family member aged 18 or older for whom reimbursement is sought.)*
 I authorize the release of any information to Health New England about my health club membership, School and Town Sports Registration, Aerobic/Wellness Class, Personal Training and if applicable Weight Watchers® participation. I certify that the information provided in support of this submission is complete and correct.

Subscriber signature/Member signature: _____ **Date:** _____

**Mail completed form and the "Information needed for reimbursement" described above to
 Health New England, Claims Department, One Monarch Place, Suite 1500, Springfield, MA 01144-1500.**

Please allow 4-6 weeks for processing.

NOTE: Reimbursement requests for a prior year must be received by Health New England no later than March 31.