

NEW YORK

EXERCISE FACILITY REIMBURSEMENT



Reward Yourself with a Fitness Rebate

To encourage you to get fit and stay healthy, Christie Student Health will reimburse you for Exercise Fees at qualified fitness centers.

We will partially reimburse the Student and the Student's Covered Spouse/Domestic Partner for certain exercise facility fees or membership fees but only if such fees are paid to exercise facilities which maintain equipment and programs that promote cardiovascular wellness.

Memberships in tennis clubs, country clubs, weight loss clinics, spas or any other similar facilities will not be reimbursed. Lifetime memberships are not eligible for reimbursement. Reimbursement is limited to actual work-out visits. We will not provide reimbursement for equipment, clothing, vitamins or other services that may be offered by the facility (massages, yoga, etc.).

In order to be eligible for reimbursement, You must:

- Be an active member of the exercise facility, and
- Complete 50 visits in a 6 month period.

In order to obtain reimbursement, at the end of the six-month period You must:

- Submit a completed reimbursement form and documentation of the visits from the facility.
- A copy of Your current facility bill which shows the fee paid for Your membership.

Once we receive the completed reimbursement form, documentation of the visits and the bill, You will be reimbursed the lesser of \$200 for the Student and \$100 for the Student's Spouse/Domestic Partner or the actual cost of the membership per six-month period.

You can mail in the form on the back of this sheet along with your documentation to:

Christie Student Health Plans
Attn: Claims Department
80 Hayden Avenue
Lexington, MA 02421

[SUBMIT YOUR REBATE FORM>>>](#)

Please submit this form and all documentation to:
Christie Student Health Plans | 80 Hayden Avenue, Lexington, MA



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 six consecutive months of membership with Christie Student Health.

You will have 12 months from the date you paid your fitness club fees to submit your request for the fitness rebate.

MEMBER/SUBSCRIBER INFORMATION

➤ Member Information

Name (Last, First, Middle Initial): _____

Date of Birth: ____/____/____ Sex: Male Female

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Christie Student Health ID# (

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FITNESS CENTER INFORMATION

Fitness Club Name: _____

Address: _____

Membership Information: _____ Start Date: _____ Amount Paid: _____

FOR INTERNAL USE ONLY:

Diagnosis Code: **R69** Description: **General** Procedure code: T4220 Health club membership annual

PAYMENT INFORMATION

Please indicate which one of the following forms of proof of payment you are including with this form:

- An itemized receipt from the fitness club 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

Please submit this form and all documentation to:

Christie Student Health Plans, Attn: Claims Department | 80 Hayden Avenue, Lexington, MA 02421

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 also understand that Christie Student Health 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:

Christie Student Health Plans | 80 Hayden Avenue, Lexington, MA 02421

