How will you use your $400?
The City of Worcester Advantage, in partnership with Fallon Health, is proud to provide the It Fits! reimbursement program, which offers $400 per family contract and $200 per individual contract! With The City of Worcester Advantage and Fallon, you get paid for taking part in healthy activities.

You choose
Whether you love the gym, prefer the slopes, or play Little League, we want to give you money to use toward a variety of different activities.

Use your money toward:

- Ski mountain lift tickets and season passes
- Local school and town sports programs
- Gym memberships—at the gym of your choice
- Pilates
- Yoga
- Aerobics classes
- Weight Watchers® and Jenny Craig®
- Karate
- Sports camps
- Ski lessons
- Swim lessons
- Dance lessons
- Kickboxing
- Baseball
- Race fees
- Cheerleading
- Gymnastics
- Football
- Hockey
- Soccer
- Lacrosse
- Volleyball
- And more!

Use your It Fits! dollars toward any brand of new cardiovascular home fitness equipment!

Eligible equipment includes:

- Treadmills
- Bike stands (to convert road bikes to stationary cycles)
- Stair climbing machines
- Rowing machines
- Air walkers
- Elliptical machines
- Home gyms
- Total body weight resistance machines
- Stationary cycles
- Cross-country ski machines

Cardiovascular home fitness equipment must be new and purchased within the benefit year at a retail store or at Amazon—receipt and proof of payment required. Excludes secondary markets such as Craigslist and eBay.

How do you get paid? Simple. Complete the form on the back of this flyer and supply any necessary documentation, such as a health club contract or a copy of a registration form for a school/town activity.

For your convenience, we accept multiple receipts and requests on one form. Be reimbursed all at once!

If you have any questions about the program, give us a call at 1-855-216-5924 (TRS 711).
It Fits! Reimbursement Form

Subscribers are eligible for their reimbursement amount during their benefit year.* A benefit year for City of Worcester Advantage members is a fiscal year: July 1 through June 30. You may request $400 per family contract and $200 per individual contract. Requests must be made no later than September 30 of the following benefit year in order to receive reimbursement. For more information about other fitness discounts, visit WorcesterAdvantagePlan.org.

Subscriber information

(Note: The subscriber is the primary health insurance policyholder, not necessarily the person requesting reimbursement.)

<table>
<thead>
<tr>
<th>Subscriber’s last name</th>
<th>First name</th>
<th>Middle initial</th>
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Subscriber’s ID # (located on the front of your card) Telephone number

Activity/item for reimbursement**

<table>
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<tr>
<th>Type of activity/item</th>
<th>Program/gym name/retailer</th>
<th>Benefit year</th>
<th>Amount requested</th>
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Information needed for reimbursement

✓ This completed form.
✓ A copy of any/all applicable health club contracts, personal fitness trainer agreements or a copy of the registration form for a school/town activity. These must show the beginning and ending dates of membership activity and the names of enrolled members.
✓ Dated original receipts or copies of bank/credit statements showing the charge for membership, classes or equipment (original receipts will not be returned). These should reflect the dollar amount you are requesting. The City of Worcester Advantage and Fallon will only reimburse for the amount reflected on these receipts/statements. When paying by check, please send a copy of the front and back of the cancelled check.

Also, a brochure from the health club, facility, or program may be requested.

Certification and authorization (This form must be signed and dated below by the subscriber.)

Reimbursement is subject to approval by The City of Worcester Advantage and Fallon Health. (This incentive payment may be considered taxable income. Please consult your tax advisor if you have questions.) Please allow 4 - 6 weeks from receipt for reimbursements. Reimbursement check should be made out to (check one):

✓ Subscriber
✓ Member ____________________________

Agreement:
I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses incurred during the applicable benefit year and for eligible members.

Subscriber’s signature ____________________________ Date ____________________________

* A benefit year is the 12-month period during which your annual health insurance plan design features such as deductibles and out-of-pocket maximums accumulate.

** Reimbursement amounts may vary. Reimbursement is not available for camps that are not sports-dedicated, social clubs, transportation, greens fees, uniforms, meals, lodging, fitness clothing, vitamins, gift cards and donations.

Weight Watchers® is a registered trademark of Weight Watchers International, Inc. Jenny Craig® is a registered trademark of Jenny Craig, Inc.
Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at the phone number on the back of your member ID card, or by email at cs@fallonhealth.org.

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

  Compliance Director
  Fallon Health
  10 Chestnut St.
  Worcester, MA 01608
  Phone: 1-508-368-9988 (TRS 711)
  Email: compliance@fallonhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

  U.S. Department of Health and Human Services
  200 Independence Avenue SW., Room 509F, HHH Building
  Washington, D.C., 20201
  Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

If you, or someone you're helping, has questions about Fallon Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-868-5200.

Si usted, o alguien a quien usted está ayudando, tiene preguntas sobre Fallon Health, tiene derecho a obtener ayuda y información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-868-5200.

Se você, ou alguém que você está ajudando, tem perguntas sobre Fallon Health, você tem o direito de obter ajuda e informação em sua língua sem custo algum. Para falar com um intérprete, ligue para 1-800-868-5200.

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions sur Fallon Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-868-5200.

Если вы или лицо, которому вы помогаете, имеете вопросы о Fallon Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-868-5200.

안녕하세요 Fallon Health에 관해 질문이 있다면 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 만일 귀하 또는 귀하가 돕고 있는 사람이 Fallon Health에 대해 물어보는 것이 필요하다면, 1-800-868-5200에 전화해 주세요.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Fallon Health에 관해 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-868-5200로 전화하십시오.

Если у вас или лица, которому вы помогаете, есть вопросы о Fallon Health, у вас есть право получить помощь и информацию на вашем языке бесплатно. Для разговора с переводчиком позвоните по телефону 1-800-868-5200.

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