

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.

Two ways to get reimbursed:

1. Mail completed form to:

Fallon Health
Claims Department
P.O. Box 211308
Eagan, MN 55121-2908

2. Email completed form to:

reimbursements@fallonhealth.org

Subscriber information

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

Subscriber's last name	First name	Middle initial	
Address	City	State	ZIP
Subscriber's ID # (located on the front of your card)	()	Telephone number	

Activity/item for reimbursement**

Type of activity/item	Program/gym name/retailer	Benefit year	Amount requested

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.

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