



Want faster fitness reimbursement?
You can get reimbursed much faster and easier online. [Details.](#)

Harvard Pilgrim Fitness Reimbursement Form

Please read the instructions below, then proceed to fill out the Fitness Reimbursement Form on page 2.

Mailing Instructions

Keep copies of all documentation before sending in your Fitness Reimbursement Form.

Please enclose copies of the following:

1. Copy of your health club membership agreement
2. Completed Fitness Reimbursement Form
3. Copy of at least four months of receipts in a calendar year (cash/check/credit/electronic) for health club membership dues clearly documenting your name and the health club name. Dues must equal or exceed amount being claimed.

Mail to: Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

Commonly Asked Questions and Answers

How do I qualify for a reimbursement?

- If enrolled through an employer, the employer must offer Harvard Pilgrim’s fitness reimbursement program. If enrolled through a Harvard Pilgrim Buy Direct plan, you’ll be eligible after four months in the plan.
- Health club membership must be for at least four months in a current calendar year.
- For most plans, the subscriber must be active with coverage that includes the Fitness Reimbursement program at the time Harvard Pilgrim receives a completed Fitness Reimbursement Form. Please see your *Benefit Handbook* and *Schedule of Benefits* for details on your specific plan.
- Current Harvard Pilgrim membership must be at least four months with the same employer group (or enrolled in a Buy Direct plan for at least four months) in a calendar year and must coincide with four months of gym membership.

When can I submit my Fitness Reimbursement Form?

Starting with May 1 of the current calendar year* and when you have met the above-stated criteria.

How does my health club qualify?

- Qualified, full-service health/fitness clubs have cardiovascular and strength-training equipment and facilities for exercising and improving physical fitness. Validation as full-service is subject to approval by Harvard Pilgrim.

- Facilities/programs that DO NOT qualify for reimbursement include: Martial arts centers, gymnastics facilities, classes, country clubs, fees for personal trainers, tennis, aerobic or pool-only facilities, as well as sports teams and leagues.

How much can I claim for reimbursement?

- Reimbursement for most plans is up to \$150 per calendar year (e.g., January–December) per family, in total for health club membership dues for subscriber and/or their dependents.
- Reimbursement for some groups, including the GIC, may differ.
- Per the Patient Protection and Affordable Care Act, as of January 1, 2014, coverage for some small groups, and individuals who purchase plans directly from Harvard Pilgrim, includes fitness reimbursement that is different than the standard benefit. Please see your *Benefit Handbook* and *Schedule of Benefits* for details.

What happens once I submit the Fitness Reimbursement Form?

- Reimbursement checks will be mailed and made payable to the Subscriber only at the Subscriber’s address of record. No alternative address will be accepted.
- If you believe your current address is different than the address of record in Harvard Pilgrim’s systems, please contact us prior to submitting your Fitness Reimbursement Form.
- Please allow up to 8 weeks for processing.

* If you are enrolled through an employer that offers this program upon the annual enrollment/anniversary date, you will be eligible four months after the enrollment/anniversary date. For example: If your employer’s enrollment/anniversary date is July 1, eligibility to submit for reimbursement begins no earlier than November 1 (as long as all other criteria is met, including being an active member).



Harvard Pilgrim Fitness Reimbursement Form

To be filled out by Harvard Pilgrim Health Care SUBSCRIBER only. Please use blue or black ink and print all information clearly.

When to submit this form

- After your employer has added the fitness reimbursement program.*
- After you have been a member of a health club and Harvard Pilgrim Health Care for at least four months in a calendar year.
- Once per calendar year, filed by March 31 of the following year, with all necessary receipts and health club contract.
- Once all sections have been completely filled out and signed by the subscriber.

Section A – Subscriber Information (person who holds coverage)

Harvard Pilgrim ID Number	Subscriber's Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)	Social Security Number (at least last four digits)		
Address	City	State	ZIP Code
Daytime Phone (area code) xxx-xxxx	Company Name (Employer)	Subscriber's Email	

Section B – Subscriber and/or Member Information for Reimbursement

Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

Section C – Health Club Information *(List all health clubs that you and/or your dependent(s) are submitting for reimbursement listing the qualifying four months.)*

ATTACH DOCUMENTATION	Calendar Year from: mm/dd/yyyy to: mm/dd/yyyy	Club Name	City, State	Phone Number (Area Code) xxx-xxxx	\$ Amount being claimed
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				

Total number of documents _____ Total dollar amount being claimed \$ _____

Section D – Subscriber Certification

I certify that the information on the form and all supporting documents are complete, accurate and unaltered. I affirm that I will attempt, in good faith, to regularly attend my health club and utilize membership for which I am being reimbursed.

Subscriber's Signature _____ Date _____