

## FITNESS CLUB REIMBURSEMENT

For UniCare State Indemnity Plan members

### What is the fitness club reimbursement?

You can get reimbursed up to \$100 per family towards a membership at a fitness club. UniCare will reimburse the Plan enrollee (subscriber) once each plan year when you send us proof of both your club membership and payment of up to \$100. Any family member may have the fitness club membership, but payment is made to the enrollee (subscriber) only.

### What types of fitness clubs qualify?

Eligible for reimbursement	Not eligible for reimbursement	
<ul style="list-style-type: none"> <li>▪ Health clubs and gyms that have cardio / strength-training machines, as well as other programs for improved physical fitness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Beach clubs</li> <li>▪ Country clubs</li> <li>▪ Exercise machines</li> <li>▪ Gymnastics centers</li> <li>▪ Martial arts centers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personal trainers</li> <li>▪ Sports coaches</li> <li>▪ Sports teams/leagues</li> <li>▪ Tennis clubs</li> <li>▪ Yoga classes</li> </ul>

### What information do I need to provide?

1. A completed copy of the *Fitness Club Reimbursement* form (see page 2)
2. A copy of the **membership agreement** with the fitness club
3. **Proof of payment** (at least one of the following):
  - Itemized receipts from the fitness club that shows how much you paid and for what period of time
  - Copies of receipts for fitness club membership dues
  - Credit card statement or receipts
  - Statement from fitness club showing that payment was made (statement must be on the club's letterhead and have an authorized signature)

### What else do I need to know?

- Write your UniCare member ID number prominently on all the receipts and documents that you are sending to UniCare.
- Keep copies of all your receipts and documents for your records.
- Send the completed reimbursement form, a copy of your club membership and copies of your payment receipts to the address shown at the bottom of page 2.
- We suggest that you send proof of payment for the entire \$100 instead of making several requests for lesser amounts.
- Call UniCare Customer Service at (800) 442-9300 if you have any other questions.

Continued on page 2 >



# FITNESS CLUB REIMBURSEMENT *(continued)*

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## Fitness Club Reimbursement form

<b>1. Enrollee name (Last, First, MI)</b>	<b>2. Enrollee address</b>
<b>3. Member ID (from UniCare ID card)</b>	
<b>4. Enrollee birth date</b>	<b>5. Member name (if different from enrollee)</b>
<b>6. Name of fitness club</b>	<b>7. Member's relationship to enrollee</b>
<b>8. Requested reimbursement amount (up to \$100) \$</b>	<b>9. Reimbursement applies to what plan year?</b>

Write your member ID on all paperwork. Send this form, a copy of your club membership, and proof of payment to:

**UniCare State Indemnity Plan – Fitness Club Reimbursement  
PO Box 9016  
Andover, MA 01810**

See page 1 for complete instructions.