



**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)			
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 \_\_\_\_\_