



One Monarch Place · Suite 1500  
Springfield, MA 01144-1500  
hne.com

## WELLNESS REIMBURSEMENT FORM

**There is more to staying healthy than seeing your doctor. It's up to you to make healthy choices. That's why Health New England (HNE) Be Healthy® gives you more than just coverage for your doctor visits. Here is one of many programs we offer to help you take charge of your health.**

**HNE will reimburse each member up to \$50 per calendar year towards (see reimbursement requirements below):**

- Qualifying fitness club membership
- School and town sports
- Personal trainer fees
- Weight Watchers
- Aerobic/wellness classes
- Athletic event registration fees

### **Fitness Club Requirements**

- The fitness club must have cardiovascular and strength training exercise equipment (YMCA, Planet Fitness, Healthtrax, Gold's Gym, LA Fitness, Springfield Jewish Community Center, Attain, etc.) that are included in membership.

### **Weight Watchers Requirements**

- Reimbursement applies only to Weight Watchers, Weight Watchers Online, and Weight Watchers at work meetings.
- For traditional Weight Watchers, please submit a copy of your stamped Weight Watchers Membership book.
- For Weight Watchers online, please provide a print out of your account billing history.

### **School and Town Sports Registration Requirements**

- You must submit a dated paid receipt.<sup>1</sup>

### **Aerobic/Wellness Class and Personal Trainer Requirements**

- Class instructors and personal trainers must be certified.
- Classes may include: pilates, yoga, spinning, aerobics, strength training, tai chi, kickboxing, martial arts, etc.

### **Athletic Event Registration Fees**

- 5K, Half Marathon, Tough Mudder, Triathlons, etc.

### **Reimbursement Requirements - All Programs**

- The participant in the program must be an active HNE Be Healthy® member for a continuous 3 months at time of participation.
- You can submit your form up to two times in each calendar year, for a maximum annual reimbursement of \$50 per member. (Please note that the \$50 reimbursement is per member, per calendar year, not per activity.)
- You must submit proof of payment and a copy of any relevant contracts. See next page for information needed for reimbursement.
- Receipts will not be returned. HNE will accept copies of the receipts.

### **HNE Be Healthy® will not reimburse you for:**

- Classes or personal training sessions with uncertified trainers
- Country clubs; social clubs, or tanning salons
- Fees paid for food, books, transportation, videos, or any other items or services
- Fees paid to weight loss programs other than Weight Watchers
- Vitamins, supplements, sports/exercise equipment, or golf fees
- Requests received later than March 31 of the following year

<sup>1</sup>Examples of receipts could be a canceled check, or bank/credit card statements.

**For HNE Use Only**

Current HNE member

Receipts/Contract that reflect payment

Amount to reimburse \$ \_\_\_\_\_

**WELLNESS REIMBURSEMENT FORM****Member Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HNE ID #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**All reimbursements will be sent to the Member's address currently on file with HNE Be Healthy®****Maximum reimbursement is \$50 per member per calendar year.****Member Information**

Member Name (Last, First)	Relationship to Subscriber	Date of Birth

**Activity for reimbursement**

Type of activity	Program/Facility name	Address/Phone#	Amount Requested	Calendar Year
				20____
				20____
				20____

**Information needed for reimbursement**

- **A copy of relevant contracts, membership agreements, personal trainer agreements with license #, or registration forms: (school and town sports, athletic events may submit dated paid receipt<sup>1</sup> only.)**
- Dated paid receipts or copies of bank or credit card statements. The receipts must include the member's name.
- For traditional Weight Watchers, please submit a copy of your stamped Weight Watchers membership book.
- For Weight Watchers online, please provide a print out of your account billing history.

Certification and Authorization. (Each covered family member aged 18 or older for whom reimbursement is sought must sign this form.)

I authorize the release of any information to HNE Be Healthy® about my health club membership, school and town sports registration, aerobic/wellness class, personal training, athletic events and if applicable Weight Watchers participation.

I certify that the information provided in support of this submission is complete and correct.

**Member/authorized representative signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Mail completed form and the "information needed for reimbursement" described above to:**

Health New England, Claims Department, One Monarch Place, Suite 1500, Springfield, MA 01144-1500.

Please allow 4-6 weeks for processing.

**NOTE: HNE must receive reimbursement requests from the prior year no later than March 31.**

<sup>1</sup>Examples of receipts could be a canceled check, or bank/credit card statements.