

# Fitness Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY



eternalHealth encourages health and wellness by offering fitness reimbursement to our members. Please read the instructions below and fill out the form on page 2.

## Get Reimbursed in Three Easy Steps



### 1. Choose

Start by picking a qualified fitness program.



### 2. Complete

Once you pay for the program, fill out the attached form.



### 3. Call or Mail

Call the phone number listed so that our representatives will fill out the form for you OR send the completed form to the address listed.

## What qualifies for reimbursement?

- Full-service health/fitness facilities with cardiovascular and strength-training equipment
- Fitness studios with instructor-led group classes
- Personal training sessions
- Fitness apps and virtual fitness subscriptions

## When can I submit my reimbursement form?

Reimbursement requests must be submitted no later than **March 31** of the following year. eternalHealth cannot reimburse for future expenses. Reimbursement requests can only be for expenses already incurred during the current month or previous months.

## How much will I be reimbursed for?

eternalHealth reimburses members **up to \$180 per year** (per individual) for qualified activities. Approved reimbursements will be distributed in equal monthly payments of \$15. Reimbursement may be considered taxable income.

## What happens after I submit my completed reimbursement request?

Validation is subject to approval by eternalHealth. eternalHealth will make a reimbursement decision within 30 days of receiving a complete request.

Be sure to check with your doctor before starting any exercise program.

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## Tips for submitting an acceptable form:

- Be sure to fill out this form in its entirety.
- If there is more than one member of your household who needs to fill out this form, please have separate forms for each person.
- Ensure all information provided is up to date and correct.

### Subscriber Information (Policyholder)

Member ID Number	Last Name	First Name	Middle Initial
Address		City	State Zip Code

### Member Information

Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)
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### Fitness Program Information

Fitness Program Name	Phone Number
Address	City State Zip Code
Total dollars requested: \$_____ for (choose one below and color in the entire box):	Calendar Year
<input type="checkbox"/> Membership fees. Monthly membership fee: \$_____	<b>From:</b> ____/____/____
<input type="checkbox"/> Fitness class fees. Fee per class: \$_____	<b>To:</b> ____/____/____

## Certification and Authorization

I certify the information on the form and all supporting documents are complete, accurate, and unaltered. I will attempt, in good faith, to regularly attend my fitness facility and use the membership for which I am being reimbursed.

Subscriber or Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Complete this form and mail it to:**  
 PO Box 651 Southborough, MA 01772

If you have any questions or need help, our Consumer Services Department is available toll free at **1-800-680-4568** October 1-March 31: seven days a week 8 AM to 8 PM; April 1-September 30: Monday-Friday 8 AM to 8 PM and Saturday 10 AM to 2 PM. TTY users may call 711. Alternatively, visit [www.eternalHealth.com](http://www.eternalHealth.com) for more information.