



One Monarch Place, Suite 1500  
Springfield, MA 01144-1500  
MinutemanHealth.org

## Minuteman Health 2017 Wellness Reimbursement Form Massachusetts

We know staying fit and active can be a burden on your wallet so that's why Minuteman Health offers you a reimbursement for months participated at a range of fitness clubs and weight loss programs that will help keep you at your healthiest. As a MinuteMember, Minuteman Health will reimburse you for the following:

### Participating Fitness Clubs

Minuteman Health will reimburse membership at one of the fitness clubs listed below per family per Calendar Year:

- 6 months of membership at Planet Fitness, W-Fitness or Work Out World OR
- 3 months of membership at YMCA or Gold's Gym OR
- 2 months of membership at Boston Sports Club, FitCorp or LA Fitness

### Weight Watchers® Requirements

Minuteman Health will reimburse 5 months membership in traditional Weight Watchers® meetings, Weight Watchers® Online or Weight Watchers at Work® meetings per family per calendar year

You must submit proof of membership for 5 months (examples: dated paid receipts, canceled checks, or copies of bank or credit card statements)

- For traditional Weight Watchers® and Weight Watchers at Work® please submit a copy of your stamped Weight Watchers® Membership book
- For Weight Watchers® Online, please provide a printout of your account billing history

### Reimbursement Requirements - All Programs

- The participant in the program must be an active Minuteman Health member at the time of participation
- You may submit one reimbursement request for Fitness Club Reimbursement AND one reimbursement request for Weight Watchers® reimbursement per family per calendar year
- Submit your reimbursement form after completing the membership requirements listed above
- Copies of receipts will be accepted. Receipts will not be returned<sup>1</sup>

Minuteman Health will not reimburse you for:

- Startup fees, initiation fees or annual membership fees  
Only monthly membership fees will be reimbursed.
- Services provided by fitness clubs other than those listed above
- Classes, personal training sessions, coaching
- Services provided by weight loss programs other than Weight Watchers®
- Fees paid for food, books, clothing, transportation, videos or other items or services
- Sports teams or leagues
- Vitamins, supplements, sports/exercise equipment or golf fees
- Country clubs, social clubs, tanning salons
- 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 Minuteman Health Use Only**

Current Minuteman Health member  
 Receipts/Contract that reflect payment  
 Amount to reimburse \$\_\_\_\_\_

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Subscriber Information		
Last Name:	First Name:	
Street Address:		
City:	State:	Zip:
Minuteman Health ID #:		
Telephone #:		
All reimbursements will be sent to the Subscriber's address currently on file with Minuteman Health Member Information (Name of all covered family members for whom you are submitting this request)		

Member Information (Name of all covered family members for whom you are submitting this request)		
Member Name (Last, First)	Relationship to Subscriber	Date of Birth

Activity for reimbursement				
Type of activity	Program/facility name	Address/ Phone#	Amount requested	Date of activity

<b>Information needed for reimbursement</b> <ul style="list-style-type: none"> <li>A copy of relevant contracts, membership agreements, or registration forms</li> <li>Dated paid receipts or copies of bank or credit card statements. The receipts must include the member's name<sup>1</sup></li> </ul>
Certification and Authorization. (This form must be signed by each covered family member aged 18 or older for whom reimbursement is sought.) I authorize the release of any information to Minuteman Health 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.

I certify that the information on this form and supporting documentation are complete, truthful and accurate

Subscriber signature/Member signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form and the "Information needed for reimbursement" described above to  
 Minuteman Health, Claims Department, One Monarch Place, Suite 1500, Springfield, MA 01144-1500.

Please allow 4-6 weeks for processing.

NOTE: Reimbursement requests for a prior year must be received by Minuteman Health no later than March 31.

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