



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

## Minuteman Health 2017 \$150 Wellness Reimbursement Form New Hampshire

We know staying fit and active can be a burden on your wallet so that's why Minuteman Health offers you up to \$150 per family per year for a wide range of fitness activities and weight loss programs that will help keep you at your healthiest.

As a MinuteMember with a New Hampshire employer-sponsored plan, Minuteman Health will reimburse you for the following:

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

### Fitness Club Requirements

- In order for the fitness club to be eligible it must have cardiovascular and strength-training exercise equipment. Examples of qualifying fitness clubs are YMCA, Planet Fitness, Gold's Gym etc.

### Weight Watchers® or Hospital-Based Weight Loss Program 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 printout of your account billing history
- For hospital-based weight loss programs the hospital must be in the In-Plan Provider Network

### School and Town Sports Registration Requirements

- Organized school and town sports leagues such as soccer, football, baseball, softball, etc.

### 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

- Organized athletic events such as 5K's, Half Marathons, Triathlons, cycling events, etc.

### Reimbursement Requirements - All programs

- The participant in the program must be an active Minuteman Health member at the time of participation
- You must submit proof of payment (dated paid receipts or copies of bank or credit card statements)
- Forms can be submitted up to two times per family in each calendar year, for a combined maximum annual reimbursement of \$150 per family
- Copies of receipts will be accepted. Receipts will not be returned<sup>1</sup>

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

## Minuteman Health 2017 \$150 Wellness Reimbursement Form New Hampshire

### 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 Maximum reimbursement is \$150 per family per calendar year 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

### 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. (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