



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

## Minuteman Health 2017 \$150 Wellness Reimbursement Form New Hampshire "My Doc" HMO Platinum Extra Value

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 "My Doc" HMO Platinum Extra Value MinuteMember, 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
- 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
- Fees paid to weight loss programs other than Weight Watchers®
- Country clubs, social clubs or tanning salons
- Vitamins, supplements, sports/exercise equipment or golf fees
- Fees paid for food, books, transportation, videos or any other items or services
- 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  
 "My Doc" Platinum Extra Value**

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.