



Minuteman Health, Inc.
P.O. Box 120025, Boston, MA 02112-0025
855-MHI-1776 – www.minutemanhealth.org

MINUTEMAN HEALTH WELLNESS BENEFIT REIMBURSEMENT FORM

It's up to you to make healthy choices, and Minuteman Health wants to help.

Minuteman Health will reimburse you for

5 months membership in Weight Watchers®

AND

for working out at one of these fitness clubs:

6 months membership at Planet Fitness, W-Fitness or Work Out World **OR**

3 months membership at YMCA or Gold's Gym **OR**

2 months membership at Boston Sports Club, FitCorp or LA Fitness

Fitness Club Requirements

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

You must submit proof of membership for the required number of months listed above. Dated paid receipts, canceled checks or copies of bank or credit card statements will be accepted as proof of membership.

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 print out of your account billing history.

Requirements for Fitness Club and Weight Watchers® Reimbursements

- 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.
- Receipts will not be returned. Minuteman will accept copies of receipts. Please keep copies of all paperwork for your records.

Minuteman Health will not reimburse you for:

- Start up 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
- Fees paid for food, books, clothing, transportation, videos or other items or services
- Sports teams or leagues
- Country clubs, social clubs, tanning salons
- Services provided by 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.

For Minuteman Health Use Only
 Current Minuteman Health member
 Receipts/Contract that reflect payment
 Amount to reimburse \$ _____

MINUTEMAN HEALTH WELLNESS BENEFIT REIMBURSEMENT FORM

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 weight loss reimbursement per family per calendar year is 5 months membership in Weight Watchers®.
Maximum fitness reimbursement per family per calendar year is:
 6 months membership at Planet Fitness, W-Fitness or Work Out Work **OR**
 3 months membership at YMCA or Gold's Gym **OR**
 2 months membership at Boston Sports Club, FitCorp or LA Fitness

Member Information (Name of covered family member(s) for whom you are submitting this request)

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

Wellness Activity for reimbursement

Type of Wellness activity (list Weight Loss or Fitness)	List Weight Watchers® program or Fitness Club name	Address/Phone#	Months of Membership completed (see above)	Calendar Year
				20__
				20__
				20__

Information needed for reimbursement

- This completed form. Please make copies of the completed form for your records.
- Dated paid receipts or copies of bank or credit card statements. The receipts must include the member's name.
- 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 print out of your account billing history.
- You may submit for Weight Loss and Fitness Club reimbursement on one form

Certification and Authorization. *(This form must be signed by the covered family member aged 18 or older for whom reimbursement is sought.)*

I authorize the release of any information to Minuteman Health about my fitness club membership, and/or Weight Watchers® participation. I certify that the information provided in support of this submission is complete and correct.

Subscriber signature/Member signature: _____ **Date:** _____

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

Please allow 4-6 weeks for processing. NOTE: Reimbursement requests for the prior year must be received no later than March 31.