Fitness Benefit Form

PLEASE PRINT ALL INFORMATION CLEARLY

DO NOT WRITE IN THIS SPACE
OFFICE USE ONLY

Subscriber Information (Person in whose name coverage is held)

Identification Number (including alpha prefix)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street	City	State	Zip Code
Employer's Name			

Member Information

Member's Last Name	First Name	Middle Initial	Date of Birth: Mo. Day Yr.
Mailing Address (if different from subscriber's) Number and Street	City	State	Zip Code

Gender
- ❑ Male
- ❑ Female

Claimant is (check one):
- ❑ Subscriber (coverage holder)
- ❑ Spouse (of coverage holder)
- ❑ Child (age 18 or younger)
- ❑ Handicapped Dependent (age 19 or older)
- ❑ Student (age 19 or older)
- ❑ Stepchild
- ❑ Other (specify) _____

When to Submit this Form:

- After you have been a member of a health club and Blue Cross Blue Shield of Massachusetts for a full four months in a calendar year.
- Once per calendar year, filed by March 31 of the following year.

Health Club Information Required:

Attach 8.5" x 11" photocopies of dated, paid health club receipts, and your health club agreement/contract.

Name and Address of Health Club	Benefit Year

Total Number of Receipt Copies Attached: _____ Total Amount Submitted: $ _____

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts, Inc., about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Subscriber's/Member's Signature: _____ Date: _____

Please print, fold, and mail this form (including copies of paid receipts and your health club agreement or contract) to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

Questions?

To verify this benefit is within your plan or for further information, please call the Member Service number on the front of your ID card.

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Fitness Benefit

If you have a Blue Cross Blue Shield of Massachusetts health plan, we've got a healthy incentive for you.

As a Blue Cross Blue Shield of Massachusetts subscriber, your Fitness Benefit can save you or your family up to $150[1] per calendar year in qualified health club membership fees. You can claim your Fitness Benefit after you've belonged to your health club and been a Blue Cross Blue Shield of Massachusetts member for a full four months (in a calendar year).

What types of health clubs qualify?

When selecting a health club, you'll need to pick a full-service club with a variety of cardiovascular (i.e. treadmills, bikes, elliptical machines, etc.) and strength-training (i.e. free weights, weight machines, etc.) exercise equipment. To receive the Fitness Benefit for a qualified health club that doesn't require monthly or annual fees for aerobic or fitness activities, just make sure to get full documentation from the club.

Please note that martial arts centers; gymnastics facilities; country clubs; tennis, aerobic, or pool-only facilities; social clubs; and sports teams or leagues do **not** qualify. You cannot receive the Fitness Benefit for any aerobic/fitness activity fees paid to a non-qualified health club (including those paid for personal training, lessons, coaching, exercise equipment, or clothing).

What do I need to do?

First, check to be sure that your coverage includes the Fitness Benefit. Second, you'll need to have been a member of your health club and Blue Cross Blue Shield of Massachusetts for a full four months (in a calendar year).

Simply send us:

- **The Completed Fitness Benefit Form** (please note that the $150[1] is per individual or family membership. Submit only once per calendar year, by March 31 of the following year).
- **A copy of your health club agreement or contract** that includes the name and address of the health club and the membership or class dates.
- **8.5" x 11" photocopies of dated, paid receipts,** or your bank or credit card statements, or paycheck stub if your club fees are automatically deducted from those accounts. Receipts or statements should include the name of the family member enrolled in the club and the individual charges for a full four months of health club membership or class fees.

Finally, mail the form and copies of your health club contract and paid receipts or statements to the address at the bottom of the attached claim form. If you have any questions, please call the Member Service number on your ID card.

Note: We encourage you to keep copies of all the paperwork you send us. Any services denied for payment will be noted on your Claim Summary. We do not return any receipts or contract copies, even if they are denied for payment.

Be sure to check with your provider before starting an exercise program.

1. Your employer may have elected a different benefit dollar amount. Please refer to your benefits summary or contact Member Service to confirm your benefit dollar amount.

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