

## 2012 Fitness-Weight Management Reimbursement

**Benefit:** Up to \$150 reimbursement *per family/employee per calendar year*, toward the purchase of:

1. **Qualifying Fitness Club Membership**
2. **Weight Watchers®**
3. **Aerobic/Wellness Classes**
4. **Personal Training**

**To be eligible for this benefit you must be:**

- A Baystate Health employee enrolled in a Baystate Health medical plan with Health New England (HNE). (Family members covered under the Health New England Medical plan are **not** eligible for reimbursement. Only the employee who carries the health plan)
- An active HNE member at the time of participation and when you request reimbursement.

Qualifying Activities	Activity Requirements
<b>Fitness Club Membership</b>	<ul style="list-style-type: none"> <li>• The fitness club must have a variety of cardiovascular and strength training exercise equipment (i.e. YMCA, Planet Fitness, Healthtrax, Gold’s Gym, LA Fitness, etc).</li> <li>• The Baystate Health Employee Fitness Center, Baystate Change of Heart Program, and Baystate Cardiac Rehab &amp; Wellness Gym are already subsidized by Baystate Health and do not qualify for the reimbursement.</li> </ul>
<b>Weight Watchers®</b> <i>(Enhanced Benefit)</i>	<ul style="list-style-type: none"> <li>• Reimbursement applies only to Weight Watchers®, Weight Watchers at Work®, and Weight Watchers® Online.</li> <li>• For traditional Weight Watchers®, submit a copy of your stamped Weight Watchers® Membership book.</li> </ul>
<b>-Aerobic/Wellness Classes</b>  <b>-Personal Training</b> <i>(Enhanced Benefit)</i>	<ul style="list-style-type: none"> <li>• Class instructors and personal trainers must be certified. They must provide the service at a fitness or wellness facility.</li> <li>• Classes may include: Zumba®, Pilates, yoga, spinning, aerobics, tai chi, strength training, kickboxing, martial arts, etc.</li> </ul>

**HNE will not reimburse for:**

- Classes or personal training fees with uncertified personal trainers or instructors
- Memberships to country clubs; gymnastics facilities; tennis or pool only facilities; social clubs
- Fees paid for food, books, transportation, videos, or any other items or services (*Weight Watchers® food, books, videos, scales and items offered through Weight Watchers® do not apply*)
- Fees paid to weight loss programs other than Weight Watchers®
- Vitamins, supplements, sports/exercise equipment, or greens fees

## Submit for Reimbursement

Review all program criteria on Page 1 before completing this form. Specific rules apply. Incorrect or incomplete information may lead to delay or rejection of your application.

1. **Complete Employee Information below and sign and date this form.**
2. **Gather all necessary documentation:**
  - A copy of applicable contracts, membership agreements and personal trainer agreements with certification/license #.
  - Dated receipts of payment that include the member's name, the program name, the individual charges for each activity, and the instructor's business information. Receipts will not be returned.
  - If you are submitting for a fitness class offered through the Baystate Healthy Employee Fitness Center, check the "Aerobic Classes" box below and **not** "Fitness Club."
  - For traditional Weight Watchers®, submit a copy of your stamped Weight Watchers® Membership book. For Weight Watchers® online, please provide a print out of your account billing history.
3. **Mail the completed form and all documentation to Health New England.** All applications must be postmarked by **March 31, 2013**. Forms submitted after that date will not be accepted.

**HNE Member Services  
One Monarch Place, Suite 1500  
Springfield, MA 01144-1500**

- You will be reimbursed for only the amount you have spent at the time of your submission.
- To be eligible for the entire \$150, submit the reimbursement form **after** you have spent this amount. You can submit this form up to 2 times per family in each calendar year for a **combined** maximum annual reimbursement of \$150 per employee.
- For questions, call HNE at 1-800-791-7944 or 413-233-3060.

### Employee Information

<b>Employee Name (Last, First)</b>	<b>HNE Member Number</b>	<b>BH Employee Number (EN#)</b>
<b>Street Address</b>	<b>City, State</b>	<b>Zip Code</b>

- Both my spouse and I are employees at Baystate Health; however this reimbursement request is being submitted for the employee who is **not** the primary subscriber. I understand that we can not exceed the maximum reimbursement of \$150/family.

Qualifying Activity <i>(Select one)</i>	Facility Name	Facility Address	Facility Phone #	\$ Amount Requested
<b>Fitness Club</b> <b>Weight Watchers®</b> <b>Aerobic Classes*</b> <b>Personal Training</b>				

\*If Aerobic Class, provide name of class, not Facility Name.

### Certification and Authorization

I authorize the release of any information from my fitness center membership and/or my participation in a weight management program to Health New England. I certify that the information provided in support of this submission is complete and correct.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_