



One Monarch Place · Suite 1500
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WELLNESS REIMBURSEMENT FORM

There is more to staying healthy than just seeing your doctor. It's up to you to make healthy choices. That's why HNE gives you more than just coverage for your doctor visits. Here is just one of the programs we offer to help you take charge of your health.

HNE will reimburse you up to \$150 per family per calendar year towards:

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

Fitness Club Requirements

- The fitness club must have a number of cardiovascular and strength training exercise equipment (YMCA, Planet Fitness, Healthtrax, Gold's Gym, LA Fitness, Springfield Jewish Community Center, etc).

Weight Watchers® Requirements

- Reimbursement applies only to Weight Watchers®, Weight Watchers® Online and Weight Watchers at Work® meetings.
- You must submit proof of payment (receipts or copies of bank or credit card statements).
- For traditional Weight Watchers® please submit a copy of your stamped Weight Watchers® Membership book.

School and Town Sports Registration Requirements

- You must submit a receipt and copy of the registration form to HNE.

Aerobic/Wellness Class and Personal Trainer Requirements

- Class instructors and personal trainers must be certified. They must work for a fitness or wellness facility.
- Classes may include: pilates, yoga, spinning, aerobics, strength training, tai chi, kickboxing, martial arts, etc.

Reimbursement Requirements - All Programs

- The participant in the program must be an active HNE member.
- You can submit your form up to 2 times per family in each calendar year. The maximum annual reimbursement is \$150 per family for all programs combined
- Receipts will not be returned. HNE will accept copies of the receipts.

HNE will not reimburse you for:

- Classes or personal training sessions with uncertified trainers
- 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
- Fees paid to weight loss programs other than Weight Watchers®
- Vitamins, supplements, sports/exercise equipment, or greens fees
- Sports camps
- Requests received later than March 31 of the following year

HNEPlus

Combine this reimbursement program with our HNEPlus Discount program and save even more! Through the HNEPlus program, members can also receive discounts for choosing healthy lifestyles! Check out hne.com and click on *Healthy Directions* to find ways an HNE card adds extra value.

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

HNE Wellness Reimbursement Form

Subscriber Information

Last Name: _____ First Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Subscriber ID #: _____
 Telephone #: _____

**All reimbursements will be sent to the Subscriber's address currently on file with HNE.
 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 Name (Last, First)	Relationship to Subscriber	Effective Date	Date of Birth

Activity for reimbursement

Type of activity	Program/facility name	Address/Phone#	Amount requested	Receipt (y/n)

Information needed for reimbursement

- This completed form.
- A copy of relevant contracts, membership agreements, personal trainer agreements with license #, or registration forms for school/town sports activities.
- Dated receipts or copies of bank or credit card statements. The receipts must include the member's name and the individual charges for each activity.
- For traditional Weight Watchers®, please submit a copy of your stamped Weight Watchers® membership book.

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 HNE about my health club membership, School and Town Sports Registration, Aerobic/Wellness Class, Personal Training and if applicable 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
 Health New England, 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 HNE no later than March 31.