

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 / Year

Mailing Address (if different from subscriber's)
Address Number and Street City State Zip Code

Gender	Claimant is (check one)						
	1. <input type="checkbox"/> Male	1. <input type="checkbox"/> Subscriber (coverage holder)	3. <input type="checkbox"/> Child (age 19 or younger)	5. <input type="checkbox"/> Student (age 19 or older)	6. <input type="checkbox"/> Stepchild		
2. <input type="checkbox"/> Female	2. <input type="checkbox"/> Spouse (of coverage holder)	4. <input type="checkbox"/> Handicapped Dependent (age 19 or older)	7. <input type="checkbox"/> Other (specify) _____				

WHEN TO SUBMIT THIS FORM:

- **After** your employer has added the benefit. (Check with your employer, if necessary, to verify the date when coverage was added.)
- **After** you have been a member of a health club and Blue Cross Blue Shield of Massachusetts for at least 4 months in a calendar year.
- **Once per calendar year, filed by March 31 of the following year.**

HEALTH CLUB INFORMATION REQUIRED

(Attach 8 1/2" x 1" photocopies of dated, paid health club receipts and your health club agreement/contract.)

Name and Address of Health Club

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 tear off, fold, and mail this form (including copies of paid receipts) to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 9131
North Quincy, MA 02171-9131

When you claim your Fitness Benefit, please mail this form directly to:

Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 9131
North Quincy, MA 02171-9131

Remember, you can only submit for your Fitness Benefit:

- After your employer has added the benefit (Check with your employer if necessary to verify the date when coverage was added.)
- After you have been a member of a health club and Blue Cross Blue Shield of Massachusetts for at least 4 months in a calendar year; and had active coverage for the dates submitted on your claim form.
- Once per calendar year, filed by March 31 of the following year, with 8 1/2" x 11" photocopies of dated, paid receipts.

Have you...

- enclosed photocopies of receipts and contracts, showing 4 months of membership and payments?
- written your Blue Cross Blue Shield ID number in the space provided?
- signed and dated the completed Fitness Benefit Form?

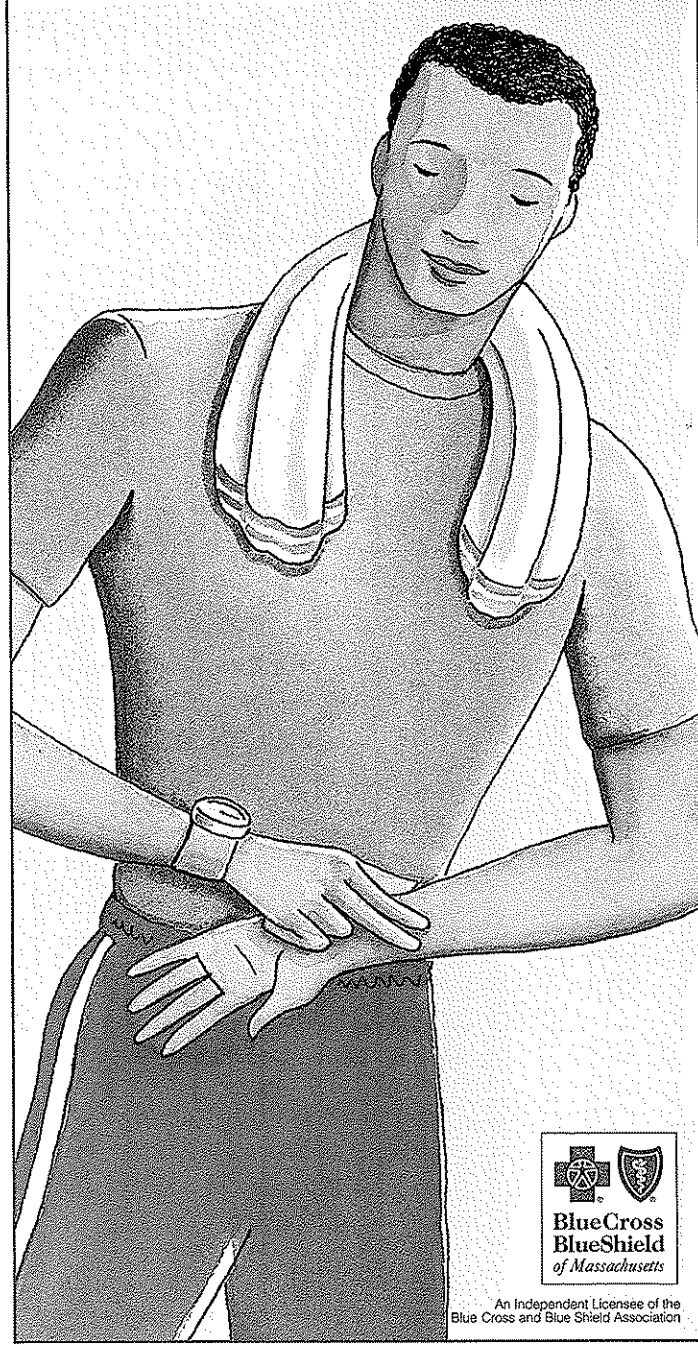
Questions?

For further information, call Member Service at the number shown on the front of your ID card.



Fitness

B E N E F I T



a Blue Cross Blue Shield of
Massachusetts managed care plan,
a healthy incentive for you.
Subscriber to HMO Blue®,
Blue Cross Care®, Blue Care® Elect, or
an employer-specific managed
care plan. The Fitness Benefit can save
you up to \$150 per calendar year in
membership fees. And, you can
enroll after you've belonged to
Blue Cross Blue Shield
of Massachusetts for at least 4 months (in a

calendar year).

To qualify,
you'll need to pick one
aerobic and strength-training
activity from traditional health clubs, Ys,
community centers, fitness Benefit for a qualified
member. There are no monthly or annual fees
for the benefit, just make sure to get
enrolled in a health club.

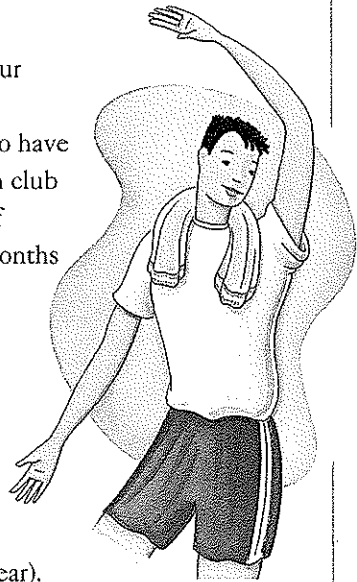
Community centers, gymnastics facilities,
YMCA, or pool-only facilities,
or leagues do not qualify.
The Fitness Benefit for any
activity, including those paid for
equipment, exercise equipment,
or a qualified health club.

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 at least 4 months
(in a calendar year).

Simply send to Blue Cross
Blue Shield:

- The Fitness Benefit Form,
answering all questions
(please note that the \$150
is per individual or family
membership, per calendar 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 1/2" 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 4 months of health club
membership or class fees.
- Then 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.



*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.*