



Fitness Reimbursement

For Wellpoint plan members

What is the fitness reimbursement?

The Plan offers a reimbursement of \$100 for one person and \$200 for a family toward fitness activities. Upon proof of payment, the reimbursement is paid to the Plan enrollee (subscriber).

What types of fitness activities qualify?

Eligible for reimbursement	Not eligible for reimbursement
<ul style="list-style-type: none"> ▪ Boys & Girls Clubs of America ▪ Classes and programs such as yoga, Pilates, and spin (either in-person or online) ▪ Dance classes/studios ▪ Gyms, health clubs, and fitness centers 	<ul style="list-style-type: none"> ▪ Annual or day passes (e.g., ski passes) ▪ Dues for beach or country clubs ▪ Fees for one-day events ▪ Personal or home fitness equipment ▪ Spas or spa services

What do I need to do to get reimbursed?

1. Fill out the **Fitness Reimbursement Request** below.
2. Provide **proof of payment** (for example, a copy of your credit card receipt, email confirmation).
3. **Submit your request and proof of payment** as described at the bottom of the form.

What else should I know?

- We recommend that you **send proof of payment for the entire amount** instead of making several requests for lesser amounts.
- **Write your Wellpoint member ID number** on all receipts and documents.
- If you have any questions, call Wellpoint Member Services (**833-663-4176** for Total Choice, PLUS, and Community Choice members or **800-442-9300** for Medicare Extension members).

Fitness Reimbursement Request

Last name	First name	MI	Street address		
Wellpoint plan ID number	Birth date		City	State	ZIP code

Fitness participant (if different from Wellpoint enrollee):
 Relationship to Wellpoint enrollee Self Spouse Child Other (explain):

Name of fitness facility or description of activity	Requested reimbursement amount \$
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I have engaged in physical activity an average of four or more times per month

By checking the box above and submitting your proof of payment, you verify that you meet all eligibility requirements. Signature _____ Date _____

Send this form and proof of payment to: Wellpoint Fitness Reimbursement, PO Box 4095, Woburn, MA 01888
You can also send us your paperwork through your secure Wellpoint member account or fax it to 978-474-5162.