

NY Standard Gym Benefit Reimbursement

Available on select Independent Health plans, the NY Standard Gym Benefit offers eligible subscribers the opportunity to be reimbursed up to \$200 per six-month period for a gym membership and up to \$100 per six-month plan for their covered spouse each year.¹ You can get reimbursed for going to the gym an average of two to three times per week. Reimbursement is for the actual six-month cost of the gym membership.

Follow These Steps to Verify Eligibility and Receive Reimbursement for your Fitness Participation:

- Confirm your eligibility.** Verify your plan includes this benefit. If you need help verifying your eligibility, call Member Services at (716) 631-8701 or 1-800-501-3439.
- Check if your gym qualifies.** To receive reimbursement, your gym must promote cardiovascular wellness.²
For a gym to be considered eligible, it must provide at least two pieces of equipment or activities that promote cardiovascular wellness from the following list:
 - Elliptical Cross-Trainer
 - Rowing Machine
 - Step Machine
 - Group Exercise
 - Stationary Bicycle
 - Treadmill
 - Pool
 - Squash/Tennis/Racquetball Court
 - Walking/Running Group
- Know your reimbursement period.** The first reimbursement period begins on the start of your insurance plan year, and ends six months from that date. Additional reimbursement periods begin one day after your previous reimbursement period ended. *Note: Gym visits cannot carryover from one six-month period to another.*
- Go to the gym.** You must complete at least 50 visits per six-month period. Reimbursements will not be issued until six months have passed, even if 50 visits are completed sooner than six months.
- Collect paperwork.** You need to provide:
 - A copy of your current gym bill, showing the monthly cost of your membership.
 - A receipt from the gym showing full payment for each of the six months you are submitting for reimbursement
 - Personal proof of payment (i.e., credit card statement, payroll deduction, automatic bank withdrawal, etc.).³
 - A copy of the brochure that outlines the services the gym offers.
- Complete the gym reimbursement form.** Have a representative from your gym sign the form (second page of this form). You can get extra forms from our website independenthealth.com, or by calling us at (716) 631-8701 or 1-800-501-3439.
- Return everything within 120 days of each completed six-month period.**
 - Completed gym reimbursement form
 - Copy of your current gym bill
 - Proof of payment
 - Copy of the gym's brochure

Important: Please complete one claim form per member, for each 6-month period for which you are making a claim. Please complete the form in its entirety, or the processing of your reimbursement may be delayed or denied.

Send all documentation to:

Independent Health, Attn: Wellness Department, 511 Farber Lakes Drive, Buffalo, NY 14221

¹ Check your Certificate of Coverage or Contract to determine eligibility for this reimbursement.

² Memberships in sports club, country clubs, weight loss clinics, spas or other similar facilities are not eligible.

³ On your proof of payment, please be sure to cross out your personal account identification information and other information not relevant to your gym payment so it is not legible.

See next page for Gym Reimbursement Form.



GYM REIMBURSEMENT FORM

Member name: _____

Member address: _____ City: _____ State: _____ Zip Code: _____

Independent Health member ID number: _____ Date of birth: _____

DATES OF YOUR 50 GYM VISITS*:

1. _____	14. _____	27. _____	40. _____
2. _____	15. _____	28. _____	41. _____
3. _____	16. _____	29. _____	42. _____
4. _____	17. _____	30. _____	43. _____
5. _____	18. _____	31. _____	44. _____
6. _____	19. _____	32. _____	45. _____
7. _____	20. _____	33. _____	46. _____
8. _____	21. _____	34. _____	47. _____
9. _____	22. _____	35. _____	48. _____
10. _____	23. _____	36. _____	49. _____
11. _____	24. _____	37. _____	50. _____
12. _____	25. _____	38. _____	
13. _____	26. _____	39. _____	

*As a substitute for filling-in the dates of your 50 gym visits on this form, you may submit a computer printout listing your visits to the fitness center with the signature from a facility representative as an attachment to this form. Your documentation must include your name and a signature from a facility representative for verification purposes.

Name of the facility: _____ Facility employee's signature: _____

Facility employee's signature above constitutes agreement that the facility promotes cardiovascular wellness for members. False statements will result in the denial of reimbursement. My signature below affirms that all of the information listed above is full, complete and true to the best of my knowledge.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Member signature: _____ Date: _____

If you have any questions regarding your gym reimbursement, please call us at (716) 631 8701 or 1 800 501 3439.



FOR OFFICE USE ONLY:

Member ID: _____ Name of Product: _____

Approved By: _____ Approved Amount: _____ Logged: _____