

MetroPlus Health Plan

EXERCISE FACILITY REIMBURSEMENT FORM

Need an incentive to get back in the gym? MetroPlus has what you're looking for.

As a MetroPlus member, we want to help you stay healthy.

To help you do this, MetroPlus will reimburse you up to \$200 or the cost of your membership (whichever is lower) for your exercise facility membership. If your spouse is also a MetroPlus member, they are eligible for a reimbursement of up to \$100 or the cost of your membership (whichever is lower). You can qualify for these reimbursements every six months.

What types of health clubs qualify?

Exercise facilities that maintain equipment and programs that promote cardiovascular wellness qualify for reimbursement. Memberships in tennis clubs, country clubs, weight loss clinics, spas or any other similar facilities will not be reimbursed. Lifetime memberships are not eligible for reimbursement. Reimbursement is limited to actual work-out visits. We will not provide reimbursement for equipment, clothing, vitamins or other services that may be offered by the facility (massages, yoga, etc.)

How do I become eligible?

In order to be eligible, you must be an active member of the exercise facility and complete 50 visits in a six-month period. Your membership with MetroPlus must be current and paid to date at time of submission.

How do I obtain the reimbursement?

In order to obtain reimbursement at the end of the six-month period (you must wait until six months have passed, even if you complete 50 visits sooner than six months):

- Complete the reimbursement form on the reverse side of this document.
- Submit a copy of your current facility bill which shows the fee paid for your membership.
- Mail or fax your form to MetroPlus:

**MetroPlus Health Plan
Att: Enrollment and Membership Department
160 Water Street, 3rd Floor
New York, NY 10038**

Fax: 212.908.8872

Important: Please complete the form in its entirety or the processing of your claim maybe delayed or denied. Please complete one form per member, for each six month period for which you are submitting a claim.

If you have any questions please call our Customer Services at 1.855.809.4073.

Please print. SUBSCRIBER INFORMATION (PERSON WHO HOLDS COVERAGE):

MarketPlus ID Number:	Last Name:	First Name:	Middle Initial:
Address (Number, Street, Apt. #):	City:	State:	Zip Code:
Six-Month Period Requested (mm/dd/yyyy—mm/dd/yyyy):			

HEALTH CLUB INFORMATION:

Gym / Health Club's Name:	City, State:
Phone Number (xxx) xxx-xxxx:	\$ Amount Being Claimed:

DATES OF YOUR 50 GYM VISITS:

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

Please attach a print out from your facility that documents your 50 visits or write in your visits on the above grid. This document must have your facility's name, address and phone number.

I certify that the information on the form and all supporting documents are complete, accurate and unaltered.

Member's Signature: _____ **Date:** _____

Alteration or falsification of any information or documentation will be subject to disqualification from participation in the gym reimbursement program.

Gym Representative's Signature: _____ **Date:** _____

(only required if gym cannot provide facility print out)

If you need assistance because you are hearing impaired and / or speech impaired, please call TTY: 711. Please be advised that oral interpretation and written materials in other languages are available as needed. MKT 14.38

