

It Fits!



How will you use your It Fits! dollars?

Fallon Health is proud to offer It Fits!, a program that pays you back for being healthy. With Fallon, you get physical and financial benefits for being active. **We have one of the most flexible fitness benefits in Massachusetts, reimbursing families and individuals each year!**

You choose

Whether you love the gym, prefer the slopes, or are the star player of your Little League team, we want to give you money to use toward a variety of different healthy activities.

Use your money toward:

- Noom weight loss program*
- Streaming fitness programs
- Peloton subscriptions
- Ski mountain lift tickets and season passes!
- Local school and town sports programs
- Gym memberships—at the gym of your choice
- Pilates
- Yoga
- Aerobics classes
- WW® WeightWatchers Core and Premium membership plans**
- Registration costs for Jenny Craig®
- Karate
- Sports camps
- Ski lessons
- Swim lessons
- Dance lessons
- Kickboxing
- Baseball
- Race fees, including virtual races
- Cheerleading
- Gymnastics
- Football
- Hockey
- Soccer
- Lacrosse
- Volleyball
- And more!

Use your It Fits! dollars toward any brand of cardiovascular home fitness equipment!

Eligible equipment includes:

- Treadmills
- Bike stands (to convert road bikes to stationary cycles)
- Stair climbing machines
- Rowing machines
- Air walkers
- Elliptical machines
- Home gyms
- Total body weight resistance machines
- Stationary cycles
- Cross-country ski machines
- Free weights
- Resistance bands
- Weight benches
- Vibration platform machines (must include resistance bands)

Cardiovascular home fitness equipment must be new and purchased within the benefit year at a retail store or at Amazon—receipt and proof of payment required (excludes secondary markets such as Craigslist and eBay).

How do you get paid? Simple. Complete the form on the back of this flyer and supply any necessary documentation, such as a health club contract or a copy of a registration form for a school/town activity.

For your convenience, we accept multiple receipts and requests on one form. Be reimbursed all at once!

For more information about It Fits!, visit fallonhealth.org.



fallonhealth.org

*Noom products such as Noom Med and weight loss medications are not eligible for reimbursement.

**Other WW products such as weight loss medications are not eligible for reimbursement.

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It Fits! Reimbursement Form

Subscribers and members are eligible for reimbursement during their benefit year.* **Requests must be made no later than three months following a benefit year or your last day of coverage in order to receive reimbursement.** For more information about other fitness discounts, visit fallonhealth.org. **To find your annual reimbursement amount(s), go to fallonhealth.org, log into our member portal at myfallon.org and click on "My benefits".** From there you can open the "Your benefits and covered services" document.

Two ways to get reimbursed:

- 1. Mail completed form to:**
Fallon Health
P.O. Box 211308
Eagan, MN 55121-2908
- 2. Email completed form to:**
reimbursements@fallonhealth.org

| Subscriber information | | | |
|---|---------------------------|------------------|------------------|
| Subscriber's last name | First name | Middle initial | |
| Address | | | Apartment # |
| City | State | ZIP | |
| Subscriber's ID # (located on the front of your Fallon ID card) | | Telephone number | |
| Activity/item for reimbursement** | | | |
| Type of activity/item | Program/gym/name/retailer | Benefit year | Amount requested |
| | | | |
| | | | |
| | | | |
| Information needed for reimbursement | | | |

- This completed form.
- A copy of any/all applicable health club contracts, personal fitness trainer agreements or a copy of the registration form for a school/town activity. These must show the beginning and ending dates of membership activity and the names of the enrolled members.
- Dated original receipts or copies of bank/credit card statements showing the charge for membership, classes or equipment (original receipts will not be returned). These should reflect the dollar amount you are requesting. Fallon will only reimburse for the amount reflected on these receipts/statements. When paying by check, please send a copy of the front and back of the cancelled check.

Also, a brochure from the health club, facility, or program may be requested.

Certification and authorization *(This form must be signed and dated below by the subscriber.)*

Reimbursement is subject to approval by Fallon Health. *(This incentive payment may be considered taxable income. Please consult your tax advisor if you have questions.)* Please allow 4-6 weeks from receipt for reimbursements. Reimbursement check should be made to (check one):

- Subscriber Member _____

Agreement:

I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses incurred during the applicable benefit year and for eligible members.

Subscriber's signature _____ Date _____

Program eligibility and benefits may vary by employer, plan and product. Cardiovascular home fitness equipment must be new (not used) and purchased within the benefit year at a retail store or at Amazon—receipt and proof of payment required (excludes secondary markets such as Craigslist and eBay).

**A benefit year is the 12-month period during which your annual health insurance plan design features, such as deductibles and out-of-pocket maximums, accumulate. A benefit year is often, but not always, January 1 through December 31. If you have any It Fits! reimbursement money left after you submit this form for reimbursement (during the current benefit year), you may submit a new form for reimbursement.*

***Reimbursement amounts may vary. Reimbursement is not available for camps that are not sports-dedicated, social clubs, transportation, greens fees, uniforms, meals, lodging, fitness clothing, vitamins, weight loss medications, gift cards and donations.*

