It Fits!

How will you use your $400?

Fallon Community Health Plan is proud to offer It Fits!, a program that pays you back for being healthy. With FCHP, you get physical and financial benefits for being active. **We have one of the richest fitness benefits in Massachusetts, reimbursing $400 per family contract and $200 for individuals!**

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 towards a variety of different health activities.

Use your money toward:

- 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
- Hiking clubs
- Weight Watchers®
- Karate
- Sports camps
- Ski lessons
- Swim lessons
- Dance lessons
- Kickboxing
- Baseball
- Race fees
- Cheerleading
- Gymnastics
- Football
- Hockey
- Soccer
- Lacrosse
- Volleyball
- And more!

New for 2012!

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

Cardiovascular home fitness equipment must be new and purchased within the benefit year at a retail store–receipt and proof of payment required.

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!

If you have any questions about the program, give us a call at 1-800-868-5200 (TTY users, please call TRS Relay 711).

More health. More strength. More you.

fchp.org ■ 1-800-868-5200

fallon community health plan

08-702-033b Rev. 08 1/12

It Fits! Reimbursement Form

Subscribers are eligible for reimbursement once per benefit year.* You may request $400 per family FCHP contract and $200 per individual FCHP contract. Requests must be made no later than three months following a benefit year.

For more information about other fitness discounts, visit fchp.org.

Mail completed form to:
Fallon Community Health Plan
Claims Department
P.O. Box 15121
Worcester, MA 01615

Subscriber information

(Note: The subscriber is the primary health insurance policyholder, not necessarily the person requesting reimbursement.)

Subscriber's last name _____ First name _____ Middle initial _____

Address _____ City _____ State _____ ZIP _____

Subscriber's ID # (located on the front of your 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 enrolled members.
- ❑ Dated original receipts or copies of bank/credit statements showing the charge for membership, classes or equipment (original receipts will not be returned). These should reflect the dollar amount you are requesting. FCHP 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 Community Health Plan. 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.

** 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.*

*** 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 and vitamins.*

Weight Watchers® is a registered trademark of Weight Watchers International, Inc.

fallon community health plan