



### Last chance!

The It Fits! fitness reimbursement will no longer be available in 2020. The deadline to submit your 2019 reimbursement form is **March 31, 2020**.

### How will you use your \$500?

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 \$500 per family contract and \$250 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 healthy 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
- Weight Watchers®
- Karate
- Sports camps
- Ski lessons
- Swim lessons
- Dance lessons
- Kickboxing
- Baseball
- Race fees
- Cheerleading
- Gymnastics
- Football
- Hockey
- Soccer
- Lacrosse
- Volleyball
- And more!

### Use your fitness 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 (not used) and purchased within the benefit year at a retail store or on 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!



# Fitness Reimbursement Form

Subscribers are eligible for reimbursement for the 2019 benefit and calendar year.\*

You may request \$500 per family contract and \$250 per individual contract.

**Requests must be made no later than three months following a benefit year to receive reimbursement.**

For more information about other fitness discounts, visit [fallonhealth.org/hanover](http://fallonhealth.org/hanover).

## 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](mailto:reimbursements@fallonhealth.org)

## 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. 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 is considered taxable income.** If you are a Direct Care member, please consult your tax advisor. If you are an Advantage Plan member, after you receive your reimbursement, there will be a subsequent tax withholding in the subscriber's Hanover paycheck, which is processed quarterly. If approved, the reimbursement check will be made out to the subscriber.

### 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.*

*\* Your benefit year is January 1, 2019 through December 31, 2019. 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, vitamins, gift cards and donations.*

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

# Notice of nondiscrimination

Fallon Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Fallon does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Fallon Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at the phone number on the back of your member ID card, or by email at [cs@fallonhealth.org](mailto:cs@fallonhealth.org).

If you believe that Fallon Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Compliance Director  
Fallon Health  
10 Chestnut St.  
Worcester, MA 01608

Phone: 1-508-368-9988 (TRS 711)  
Email: [compliance@fallonhealth.org](mailto:compliance@fallonhealth.org)

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Compliance Director is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, D.C., 20201

Phone: 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you, or someone you're helping, has questions about Fallon Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-868-5200.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Fallon Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-868-5200.

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Fallon Health, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-868-5200.

如果您，或是您正在協助的對象，有關於[插入項目的名稱 Fallon Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-868-5200。

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Fallon Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-868-5200.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Fallon Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-868-5200.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Fallon Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-868-5200.

إن كان لديك أو لدى شخص تساعدُه أسئلة بخصوص Fallon Health، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم اتصل ب 1-800-868-5200.

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ មានសំណួរអំពី Fallon Health បើ, អ្នកមានសិទ្ធិទទួលបានជំនួយនិងព័ត៌មាន ប្រាកដនិយម ឥតគិតថ្លៃ ទៅកាន់ភាសា អស់អ្នក បោលមិនអ្វីប៉ុណ្ណោះ ។ បើអ្នកចង់បានជំនួយអ្នកអាចទាក់ទង មួយ 1-800-868-5200 ។

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Fallon Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-868-5200.

Se tu o qualcuno che stai aiutando avete domande su Fallon Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-868-5200.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Fallon Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-868-5200로 전화하십시오.

Eάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Fallon Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-868-5200.

Jeśli Ty lub osoba, której pomagasz ,macie pytania odnośnie Fallon Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku .Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-868-5200.

यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Fallon Health [के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सूचना प्राप्त करने का अधिकार है। ककसी िभाषण से बात करने के लिए ,1-800-868-5200 पर कॉि करें।

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં તેમ ાંથી કોઇને Fallon Health વિશે પ્રશ્નો હોય તો તમને મદદ અને મ હેતી મેળિ નો અધિકાર છે. તે ખર્ચ વિન તમ રી ભષ મ ાં પ્ર પ્ત કરી શક ૃ છે. દ ભ વષરો િ ત કરિ મ ટે,આ 1-800-868-5200 પર કોલ કરો.

້ាທ່ານ, ຫ ຼືອົນທ ັທ່ານກໍາລັງຊ່ວຍເຫ ຼືອ, ມ ອໍາຖາມກ່ຽວກັບ Fallon Health, ທ່ານມ ສິດທ ັຈະໄດ້ຮັບການຊ່ວຍເຫ ຼືອແລະຂໍ້ມູນຂ່າວສານທ ັບັນພາສາຂອງທ່ານບໍ່ມ ອ່າໃຊ້ຈ່າຍ. ການໂອ້ນວິມັດກັບພາສາພາສາ, ໃຫ້ໂທຫາ 1-800-868-5200.