It Fits!

A program that pays you back for being healthy

How will you use your $200?
Harrington Advantage, in partnership with Fallon Health, is proud to offer It Fits!, a program that pays you back for being healthy. With Harrington Advantage and Fallon, you get physical and financial benefits for being active. We have one of the most flexible fitness benefits in Massachusetts, reimbursing $200 per family and individual contract!

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:

- **New!** Streaming fitness programs
- **New!** Peloton subscriptions
- Ski mountain lift tickets and season passes
- Local school and town sports programs
- Gym memberships—at the gym of your choice
- Aerobics classes
- WW®
- Jenny Craig®
- Karate
- Sports camps
- Ski lessons
- Swim lessons
- Yoga
- 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

Cardiovascular home fitness equipment must be new and purchased within the benefit year at a retail store or 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 page 8 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

**1-855-508-6226**

(TRS 711)

or visit our website at fallonhealth.org/harrington.
It Fits! Reimbursement Form

Subscribers are eligible for reimbursement during their benefit year.* You may request $200 per family or individual contract. Requests must be made no later than three months following a benefit year in order to receive reimbursement.

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

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

<table>
<thead>
<tr>
<th>Subscriber’s last name</th>
<th>First name</th>
<th>Middle initial</th>
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<tbody>
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</table>

Address
City
State
ZIP

Subscriber’s ID # (located on the front of your card)

Subscriber’s ID #

Telephone number

Activity/item for reimbursement**

<table>
<thead>
<tr>
<th>Type of activity/item</th>
<th>Program/gym name/retailer</th>
<th>Benefit year</th>
<th>Amount requested</th>
</tr>
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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. Harrington Advantage and 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 Harrington Advantage and 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 ______________________________________

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* A benefit year is the 12-month period between October 1, 2020 and September 30, 2021, during which your annual health insurance plan design features, such as deductibles and out-of-pocket maximums, accumulate.

** 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.

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

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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.

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

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)

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.

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.

안녕하세요. Fallon Health에 관해서 질문이 있다면 친절한 번역사와 얘기하기 위해서는 1-800-868-5200로 전화하시는 것을 권장드립니다.

Se você, ou alguém a quem você está ajudando, tem perguntas sobre 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.

Εάν εσείς ή κάποιος που βοηθάετε έχετε ερωτήσεις γύρω από 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, ma pytania odnośnie Fallon Health, masz prawo do uzyskania bezplatnej informacji i pomocy w własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-868-5200.

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