



eternalHealth encourages health and wellness by offering fitness reimbursement to our members. Please read the instructions below and fill out the form on page 2.

## Get Reimbursed in Three Easy Steps



### 1. Choose

Start by picking a qualified fitness program.



### 2. Complete

Once you pay for the program, fill out the attached form.



### 3. Call or Mail

Call the phone number listed so that our representatives will fill out the form for you OR send the completed form to the address listed.

### What qualifies for reimbursement?

- Full-service health/fitness facilities with cardiovascular and strength-training equipment
- Fitness studios with instructor-led group classes
- Personal training sessions
- Fitness apps and virtual fitness subscriptions

### When can I submit my reimbursement form?

Reimbursement requests must be submitted no later than **March 31** of the following year. eternalHealth cannot reimburse for future expenses. Reimbursement requests can only be for expenses already incurred during the current month or previous months.

### How much will I be reimbursed for?

eternalHealth reimburses members **up to \$180 per year** (per individual) for qualified activities. Approved reimbursements will be distributed in equal monthly payments of \$15. Reimbursement may be considered taxable income.

### What happens after I submit my completed reimbursement request?

Validation is subject to approval by eternalHealth. eternalHealth will make a reimbursement decision within 30 days of receiving a complete request.

Be sure to check with your doctor before starting any exercise program.

## Tips for submitting an acceptable form:

- Be sure to fill out this form in its entirety.
- If there is more than one member of your household who needs to fill out this form, please have separate forms for each person.
- Ensure all information provided is up to date and correct.

### Subscriber Information (Policyholder)

Member ID Number	Last Name	First Name	Middle Initial
Address		City	State
			Zip Code

### Member Information

Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)
-----------	------------	----------------	--------------------------

### Fitness Program Information

Fitness Program Name	Phone Number
Address	
City	State
Zip Code	
Total dollars requested: \$_____ for (choose one below and color in the entire box):	
<input type="checkbox"/> Membership fees. Monthly membership fee: \$_____	
<input type="checkbox"/> Fitness class fees. Fee per class: \$_____	
Calendar Year	
From: ____/____/____	
To: ____/____/____	

## Certification and Authorization

I certify the information on the form and all supporting documents are complete, accurate, and unaltered. I will attempt, in good faith, to regularly attend my fitness facility and use the membership for which I am being reimbursed.

Subscriber or Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Complete this form and mail it to:**  
PO Box 651 Southborough, MA 01772

If you have any questions or need help, our Consumer Services Department is available toll free at **1-800-680-4568** October 1-March 31: seven days a week 8 AM to 8 PM; April 1-September 30: Monday-Friday 8 AM to 8 PM and Saturday 10 AM to 2 PM. TTY users may call 711. Alternatively, visit [www.eternalHealth.com](http://www.eternalHealth.com) for more information.

# Fitness Reimbursement Request

PLEASE PRINT ALL INFORMATION CLEARLY

---

**Important Information:** The benefit described on this form will be discontinued at 12/31/2022. A member can still request reimbursement through this form until March 31<sup>st</sup>, 2023, but only for services provided during the Benefit Plan Year 2022.