



Fitness Reimbursement Program (Member + Spouse)

Here's how to get reimbursed up to \$600:

1. Find a fitness center or gym and sign up: Choose a qualifying fitness center (a gym that has at least two pieces of equipment or one program from the following list: elliptical cross-trainer, group exercise, pool, rowing machine, squash/tennis/racquetball courts, stationary bike, step machine/climber, treadmill, or walking/running group). Multi-facility subscription services such as ClassPass also qualify as long as their facilities can be verified online.
2. Save a copy of your membership bill (with your name) with the cost of your membership, as well as receipts or credit card statements as proof of payment. If you are submitting a request for both you and your spouse for the same facility with the same membership bill (for example, you are on a family plan), subscriber and spouse names must both appear on the bill.
3. Request a printed log of your gym visits from your facility, or record your visits on the attached Fitness Reimbursement Forms if unable to provide a printed log. Each individual must go 50 times within a 6-month period (approximately 8 visits per month or 2 visits per week), after which you can submit a request for reimbursement for \$200 (you) or \$100 (spouse).
 - You can only submit for reimbursement after you have been enrolled in your health plan continuously for 6 months (total potential annual reimbursement is \$600 for you and your spouse).
4. Fill out and sign the attached forms.
5. Email all documents to: **gym@fideliscare.org**, fax to 347-923-7513, or submit by mail to

Fidelis Care Claims
Attn: Gym Reimbursement
480 CrossPoint Parkway
Getzville, NY 14068

Document Checklist:

- ┌ Copy of current **membership bill** with amount paid for membership (must provide for both subscriber & spouse)
- ┌ Copy of a **receipt or documentation** showing you paid for the months of membership for which you are requesting reimbursement. Acceptable documentation includes: credit card statement, payroll deduction, or automatic bank withdrawal. Receipts with price only are not valid. Cross out personal account information not relevant to your reimbursement (must provide for both subscriber and spouse—if you are on a family plan, the maximum reimbursement is the lesser of your total membership fee or the \$600 reimbursement limit. For example, if you have a family plan that costs \$400 per year, you would be reimbursed \$400. If it costs \$800, you would be reimbursed to the limit of \$600).
- ┌ **Proof of your 50 visits**, all within your coverage period. Options include: a computer print out of your visits, receipts that show individual visits to the gym, verification from your employer that indicates your use of the employer's gym, or completion of the logs below (must provide for both subscriber & spouse)
- ┌ The attached **Fitness Reimbursement Form(s)** (must provide for both subscriber & spouse)

Note: To receive full reimbursement for you and your spouse, documentation must be provided as described above for both individuals.

Fidelis Care cannot issue a reimbursement if valid documentation is not submitted within 120 days from the end of the six-month period. Reimbursement will not be issued until six months have passed, even if 50 visits have been completed sooner. The reimbursement only applies to visits made during the effective dates of your coverage. A maximum of one visit per calendar day will count towards the 50 visit requirement. Lifetime membership fees are not eligible for reimbursement.

Questions? Call 1-888-FIDELIS (1-888-343-3547). TTY: 711.



Fitness Reimbursement Form (Subscriber)

Member Information

Name: _____

Member ID#: _____

Member Address: _____

Fitness Facility

Name of Facility: _____

Street Address: _____

Membership fee you paid: \$_____ per ☐ Month ☐ Year

6-month period requested: (MM/DD/YY to MM/DD/YY): _____ to _____ (Do not submit before the 6-month period is over)

Date

Date

Signature

I attest that the services for which I am seeking payment were purchased for my own personal use and were not acquired for use by anyone else. I understand that the Benefit is only for Health Club/Fitness Center visits and Fidelis Care, in its sole discretion, can refuse to pay for services that I may have purchased that are not considered Health Club/Fitness Center services. I also understand that I have the right to file a grievance if I do not agree with the decision that Fidelis Care made in regard to payment of my Benefit.

Member Signature

Date

Member Log of Visits (If no computer print out or receipts are available)

Date	Date	Date	Date	Date
1	11	21	31	41
2	12	22	32	42
3	13	23	33	43
4	14	24	34	44
5	15	25	35	45
6	16	26	36	46
7	17	27	37	47
8	18	28	38	48
9	19	29	39	49
10	20	30	40	50

Gym Representative Signature

Gym Representative Name (printed)

(____)____-____
Gym Phone Number (for verification)



Fitness Reimbursement Form (Spouse)

Spouse Information

Name: _____

Member ID#: _____

Member Address: _____

Fitness Facility

Name of Facility: _____

Street Address: _____

Membership fee you paid: \$_____ per ☐ Month ☐ Year

6-month period requested: (MM/DD/YY to MM/DD/YY): _____ to _____ (Do not submit before the 6-month period is over)
Date Date

Signature

I attest that the services for which I am seeking payment were purchased for my own personal use and were not acquired for use by anyone else. I understand that the Benefit is only for Health Club/Fitness Center visits and Fidelis Care, in its sole discretion, can refuse to pay for services that I may have purchased that are not considered Health Club/Fitness Center services. I also understand that I have the right to file a grievance if I do not agree with the decision that Fidelis Care made in regard to payment of my Benefit.

Member Signature

Date

Member Log of Visits (If no computer print out or receipts are available)

Date	Date	Date	Date	Date
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6	16	26	36	46
7	17	27	37	47
8	18	28	38	48
9	19	29	39	49
10	20	30	40	50

Gym Representative Signature

Gym Representative Name (printed)

(____)____-_____
Gym Phone Number (for verification)