Gym Reimbursement

The only thing better than staying in shape is getting reimbursed for it.

Healthier members are happier members.

Starting or staying with an exercise routine isn't always easy. To help you stay motivated and achieve your fitness goals, we provide reimbursement toward fitness center membership fees.[1] You can get reimbursed for going to the gym an average of two-to-three times per week. We know that staying with an exercise routine isn't always easy, and this can help you stay motivated and healthy.

Note: This reimbursement is not available to members of all groups, including members within any Connecticut or small group New Jersey plan.

It's easy. First, select a gym.

To receive reimbursement, you must participate in a gym and/or program that promotes cardiovascular wellness. (Memberships in sports clubs, country clubs, weight loss clinics, spas, or other similar facilities are not eligible.) For a gym to be considered eligible, it must provide at least two pieces of equipment or activities that promote cardiovascular wellness from the following list:

- elliptical cross-trainer
- group exercise
- pool
- rowing machine
- squash/tennis/ racquetball courts
- stationary bicycle
- step machine/climber
- treadmill
- walking/running group

How much can you get reimbursed?

Please check your benefits documents or check with your benefits administrator to determine how much you (and your spouse or domestic partner) may be reimbursed.[2]

The reimbursement period begins on the date of your initial visit to the gym and ends six months from that date. Subsequent reimbursement periods begin one day after your previous reimbursement period ended.[3]

You should follow the steps below to receive reimbursement for your fitness participation:

1. Visit the gym – You must complete a minimum of 50 visits per six-month period. Reimbursements will not be issued until six months have passed, even if 50 visits are completed sooner than six months.
2. Collect paperwork – You need to collect three things: a copy of your current gym bill, showing the monthly cost of your membership; proof of payment for each of the six months you are submitting for reimbursement (i.e., credit card statement, payroll deduction, automatic bank withdrawal, etc.)[4]; and a copy of the brochure that outlines the services the gym offers.
3. Complete the form – Fill out and submit a Gym Reimbursement Form, which is shown on the reverse side of this page. Remember to provide the dates of your gym visits completed within the six-month period for which you are making a claim. Also, a representative from your gym must sign the form. You can get extra forms from your benefits administrator, from our website www.oxfordhealth.com or by calling Customer Service at the telephone number on your Oxford member ID card.
4. Mail everything – The Gym Reimbursement Form, along with a copy of your current gym bill, proof of payment and a copy of the gym's brochure should be submitted within six months (180 days) to the following address:

   Oxford Gym Reimbursement
   P.O. Box 7082
   Bridgeport, CT 06601-7082
   (Phone: 1-800-444-6222)

Important: Please complete the form in its entirety, or the processing of your claim may be delayed or denied. Please complete one form per member, for each six-month period for which you are making a claim.

UnitedHealthcare®
Oxford

Gym Reimbursement Form

Member name: _____ Member address: _____

Oxford member ID number: _____ Date of birth: _____

Six-month period requested: Start date: _____ End date: _____

Dates of your 50 gym visits*:

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

*As a substitute for filling in the dates of your 50 gym visits on this form, you may submit one of the pieces of documentation that are listed below as an attachment to this form. Your documentation must include a signature from a gym representative for verification purposes.

- A photocopy of your fitness program card or your records kept on file at the gym. An original signature must appear on the photocopy (photocopied signatures are not valid);
- A computer printout of your visits to the fitness center;
- Receipts that indicate each time you have visited the gym; or
- Verification from your employer that indicates your use of the employer's gym.

Name of facility: _____ Facility employee's signature: _____

Facility employee's signature above constitutes agreement that the facility promotes cardiovascular wellness for members. False statements will result in the denial of reimbursement. My signature below affirms that all of the information listed above is full, complete and true to the best of my knowledge.

Member signature: _____ Date: _____

If you have any questions regarding gym reimbursement, please call Customer Service at 1-800-444-6222.

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