✓MetroPlusHealth | EXERCISE FACILITY REIBURSEMENT FORM

Need an incentive to get back in the gym? MetroPlusHealth has what you're looking for. MetroPlus will reimburse you up to $200 or the cost of your membership (whichever is lower) for your exercise facility membership. If your spouse is also a MetroPlusHealth member, they are eligible for a reimbursement of up to $100 or the cost of your membership (whichever is lower). You can qualify for these reimbursements every six months.

What types of health clubs qualify? Exercise facilities that maintain equipment and programs that promote cardiovascular wellness qualify for reimbursement. Memberships in tennis clubs, country clubs, weight loss clinics, spas or any other similar facilities will not be reimbursed. Lifetime memberships are not eligible for reimbursement. We will not provide reimbursement for equipment, clothing, vitamins or other services that may be offered by the facility (massages, private personal trainer sessions, etc.)

How do I become eligible? In order to be eligible, you must be an active member of the exercise facility. Your membership with MetroPlusHealth must be current and paid to date at time of submission.

If you are eligible to receive Health and Fitness Reimbursement through the New York City Management Benefits Fund, you are not eligible to receive reimbursement through MetroPlusHealth.

How do I obtain the reimbursement? In order to obtain reimbursement at the end of the six-(6) month period (you must wait until six months have passed):

- Submit a copy of your current bill which shows the fee paid for your membership.
- Submit proof of payment. Acceptable proof includes: Payment receipts (must have the same name as the health club), credit card statements, printout on health club letterhead detailing payments.
- Submit all required documentation no later than 120 days from the claim period end date.
- Mail or fax your form to MetroPlusHealth to the address or fax to the right.

MetroPlusHealth
Att: Customer Services Department
50 Water Street, 7th Fl.
New York, NY 10004

Fax: 212.908.8825

Important: Please complete the form in its entirety or the processing of your claim maybe delayed or denied. Please complete one form (per member) for each six month period for which you are submitting a claim. Note: This may be a taxable benefit. Please check with your accountant. If you have any questions, please call our Customer Success team at 1.800.303.9626 (TTY: 711), Monday- Friday 8am - 8 pm, & Saturday 9am - 5pm.

PLEASE PRINT. MEMBER INFORMATION:			
MetroPlusHealth ID Number:	Last Name:	First Name:	Middle Initial:
Address (Number, Street, Apt. #):	City:	State:	Zip Code:
Six-Month Period Requested (mm/dd/yyyy — mm/dd/yyyy):		to	

HEALTH CLUB INFORMATION:	
Gym / Health Club's Name:	City, State:
Phone Number (xxx) xxx-xxxx:	Amount Being Claimed:
	$

I certify that the information on the form and all supporting documents are complete, accurate and unaltered, and that I am NOT eligible for this reimbursement through the NYC Management Benefits Fund.

Member's Signature: _____ **Date:** _____

Alteration or falsification of any information or documentation will be subject to disqualification from participation in the gym reimbursement program.

Gym Representative's Signature: _____ **Date:** _____

If you need assistance because you are hearing impaired and / or speech impaired, please call TTY: 711. Please be advised that oral interpretation and written materials in other languages are available as needed. MBR 23.116 3-23