



GREAT DISCOUNTS AND A \$150 REBATE FOR JOINING A QUALIFIED FITNESS CLUB!

Our network includes:

- GlobalFit network of fitness centers—more than 10,000 locations nationwide
- Select Curves® locations in New England—approximately 169 locations
- The Tufts Health Plan network of fitness centers in Massachusetts—76 health and fitness centers and 36 Boys & Girls Clubs (Select Rhode Island locations)
- Select Fitness Together locations—34 in Massachusetts

How to Get Your Rebate

Getting your rebate is simple. After at least four consecutive months of both:

- Membership with Tufts Health Plan
- Membership with a qualified fitness center

fill out the Fitness Rebate Form** on the back of this flyer and submit it, along with proof of membership and proof of payment. We'll reimburse you up to \$150 of your health and fitness club fees for the year.

No one does more to keep you healthy than Tufts Health Plan.

Regular exercise is an important part of living a healthy lifestyle, and we want to do whatever we can to help you and your family incorporate activity into your daily lives. That's why **your Tufts Health Plan membership includes a \$150 rebate per household toward your health and fitness club* fees.**

And That's Not All—More Discounts Mean More Savings for You

As a member of Tufts Health Plan, you are eligible to receive the following discounts:

- Save up to 60% on membership fees at any GlobalFit network fitness facility—there are over 10,000 locations nationwide to choose from.
- Receive a 50% discount when you join a participating New England Curves® club.
- Save up to 20% when you join a Tufts Health Plan network fitness center located primarily in Massachusetts with select Rhode Island locations. Initiation fees are waived at these facilities.
- Save 10% on the purchase of personal training packages at Fitness Together and the initial consultation is free. (Select locations in MA only.)

*Qualifying health and fitness clubs are exercise facilities that offer equipment for cardiovascular and strength-training, and improving physical fitness.

**The rebate applies only once per household, per year. The \$150 rebate may be considered taxable income. Requests for rebates without the designated form or related documentation may delay or result in denial of your claim.

FOR MORE INFORMATION
Member Services 1-800-682-8059
www.tuftshealthplan.com

TUFTS  **Health Plan**
No one does more to keep you healthy.

FITNESS REBATE FORM

Please print clearly. Required sections are marked in blue. Retain a copy of all receipts and documents for your records. Please be sure to sign the form.

1. Member's Tufts Health Plan # <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100%; height: 20px; margin-bottom: 5px;"> </div>	2. Member's Name (Last, First, Middle Initial)															
3. Member's Date of Birth / / Sex: <input type="checkbox"/> M <input type="checkbox"/> F	4. Member's Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other															
5. Subscriber's Name: Address: Telephone: () -	6. Fitness Club Name: Address: Telephone: () -															
7. In what setting did the member receive treatment? (e.g., office, ER, hospital, clinic, ambulance, etc.) Fitness Club	8. Outside the USA: In what country was the member seen? _____ In what language was the bill written? _____ In what currency was the bill paid? _____															
9. DIAGNOSIS: What were you seen for? Diagnosis Code: <u>799</u> Description: <u>General</u>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: center;">A</th> <th style="width: 65%; text-align: center;">B</th> <th style="width: 20%; text-align: center;">C</th> </tr> <tr> <th style="text-align: center;">Year of fitness club membership</th> <th style="text-align: center;">Procedure code and/or description of procedures, services, or supplies provided</th> <th style="text-align: center;">Amount paid</th> </tr> </thead> <tbody> <tr> <td></td> <td>* T4220 Health club membership, annual</td> <td></td> </tr> <tr> <td></td> <td>*</td> <td></td> </tr> <tr> <td></td> <td>*</td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">11. Total Amount Paid: _____</p>		A	B	C	Year of fitness club membership	Procedure code and/or description of procedures, services, or supplies provided	Amount paid		* T4220 Health club membership, annual			*			*	
A	B	C														
Year of fitness club membership	Procedure code and/or description of procedures, services, or supplies provided	Amount paid														
	* T4220 Health club membership, annual															
	*															
	*															
12. Proof of service(s) through: <input type="checkbox"/> An itemized bill from the fitness club, listing year of membership and dollar amounts paid																
13. Proof of payment through one of the following: <input type="checkbox"/> The front and back of the cancelled check written to the fitness club or the bank-encoded front of the check written to the fitness club <input type="checkbox"/> A credit card statement or receipt <input type="checkbox"/> A statement from the fitness club, on the fitness club's letterhead with authorized signature, indicating payment was made <input type="checkbox"/> A receipt for purchased items, with the fitness club's name and address preprinted on the receipt, with items listed and amount paid																
14. Signature is required I attest that the above information is accurate and complete. I understand that the \$150 fitness rebate may be considered taxable income. _____																

INTERNAL USE ONLY

Representative's Name/Extension: _____ Corporate Receipt Date: _____

Please submit this form and all documentation to:

TUFTS HEALTH PLAN
MEMBER REIMBURSEMENT CLAIMS, PO BOX 9191
WATERTOWN, MA 02471-9191

