

GymReimbursement

WHO IS ELIGIBLE FOR THE GYM MEMBERSHIP REIMBURSEMENT? HOW MUCH CAN BE REIMBURSED?

- You are eligible if you are a subscriber, regardless of which plan you have, as long as you are actively enrolled with Health Republic. If your spouse is covered under your plan, then your spouse, if actively enrolled, is also eligible. Dependents are not eligible.
- Subscribers may receive a
 reimbursement of up to \$200.
 Covered spouses may receive a
 reimbursement of up to \$100.
 Please note that the actual
 reimbursement amount depends on
 how much the subscriber and/or
 covered spouse has paid in gym
 membership fees during the period
 the gym visits occurred.
- There is no age requirement, unless your gym establishes an age requirement.

HOW DOES THE REIMBURSEMENT PROCESS WORK?

- To be eligible for reimbursement, you have to pay membership fees to a licensed gym and go to the gym at least 50 times within a consecutive six-month period. You must track and document those visits.
- When you are ready to submit reimbursement documentation, submit the following:
 - **1.** Health Republic Gym Membership Reimbursement Form: Please print and completely fill out the other side of this form. The form must be signed by you and gym facility staff member.
 - 2. Documentation of Tracked Visits: You can use the second page of this form, which includes a tracking sheet that can be filled in each time you visit the gym. Or, you can submit an official printout from your gym, but it must contain the total number of visits, dates for each visit, and be signed by a gym manager or representative.
 - **3.** Evidence of Payment: You must submit a copy of your gym bill, or similar documentation, which shows how much you paid in gym membership fees during the period of visits.
 - 4. Email, Fax, or Mail the completed forms.

Email: HRINYclaims@pomcogroup.com Fax: 315-432-9442 or

Mail: Health Republic Insurance of New York, P.O. Box 6329, Syracuse, NY 13217-6329

- Reimbursement documentation can be submitted once every six months.
- Members cannot combine gym visits to meet minimum visit requirements.
- Reimbursements are processed as claims. Documentation must be received within 120 days from last gym visit.

WHICH GYMS CAN I VISIT FOR THE REIMBURSEMENT?

- Members (subscribers and covered spouses) may visit any licensed exercise facility.
- Limitations and Exceptions: 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. Reimbursement is limited to actual work-out visits. We will not provide reimbursement for equipment, clothing, vitamins, or other services that may be offered by the facility (massages, yoga, etc.).

HOW CAN I CHECK THE STATUS OF MY REIMBURSEMENT?

• You can call our service number, 1-888-990-5702, and speak to the Claims Department. The Claims Department can tell you whether your documents have been received and also the status of the reimbursement. Reimbursement will be processed approximately 45 days after it is received and will be mailed to your address on record.

G	vm Momborship Po	simbursamant		DATE	FACILITY SIGNATURE
Gym Membership Reimbursement TRACKING FORM					
	rint legibly in black Ink.				
	Complete this form.				
	Submit a copy of your current gym bill showing the membership fee paid for the dates of use under consideration.				
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	Submit one of the following options:				
	Option A. Complete the tracking list on the right. A gym facility representative must sign and date after each visit to the gym.				
	Option B. Request an official printon the number of visits and the dates of facility representative.				
SUE	SSCRIBER INFORMATION:				
	t Name	First Names	NA I		
Las	t Name	First Name	IVI.I		
SPC	DUSE/DOMESTIC PARTNER INFOR	MATION:			
	t Name	First Names	NA I		
Las	t Name	First Name	IVI.1		
Me	ember ID#				
Ca	lendar/Membership Year: 20	_			
_					
	me of Gym Facility where u are an active member				
yo	a are an active member				
Fac	cility Address				
Cit	у	State Zip			
		·			
Ph	one				
Gy	m Facility Representative Name				
Gv	m Facility Representative Signat	ture			
	,				
Da	te				
YO	UR SIGNATURE REQUIRED			-	
I (HRINY Member) attest that the above information is true and accurate, and the services were received and paid for as detailed in the bill information					
provided here from my exercise facility/(ies) named. I acknowledge that if any information					
on this form is misleading or fraudulent, it will result in the denial of my reimbursement. I also understand that Health Republic Insurance of New York may request any additional					
information it deems necessary to verify that services were received and payment was					
made. I understand that the gym membership reimbursement may be considered taxable					
inc	ome.				
ΝΔa	ember Signature	Data			
Par	a recibir información en Español po	r el correo, por favor llame al	888-990-5702.		
PLE	ASE SUBMIT THIS FORM AND A	LL DOCUMENTATION BY:	:		
Em		Mail			
	INYclaims@pomcogroup.com	Health Republic Insurance P.O. Box 6329	ce of New York		
Fa 315	(5-432-9442	Syracuse, NY 13217- 6329	9 5	7 0	