

We make it easy for you to get and stay healthy—and one way we do that is by helping you pay for your fitness center, health club or gym membership. We'll partially reimburse you for membership in a fitness center that maintains cardio equipment and offers programs that promote cardiovascular wellness, or for attendance at exercise classes such as yoga, Pilates and spinning. To qualify for the reimbursement, you must visit the gym or attend class at least 50 times during the plan year. You could get a check for \$200 for every 50 visits, which can add up to \$400 for at least 100 visits in a plan year!*

And if your spouse is on your plan, we'll reimburse him or her up to \$100 for every 50 visits during the plan year, not to exceed \$200.

IMPORTANT DETAILS:

- You must complete at least 50 visits during the plan year.
- For every 50 visits or once you have completed 100 visits, you'll need to fill out our reimbursement form. You'll also need a copy of your current gym or exercise class bill; proof of payment (a receipt, a copy of your credit card statement, etc.); a record of your gym visits or exercise class (a printout from your gym or exercise class or a list that includes the dates of your visits and is signed by a representative of the gym or exercise class); and a copy of a brochure that outlines the services offered by the exercise facility or class. If you want to create a written list of your visits, please use the form on page 2.
- Except for covered spouses, dependents of the insured are not eligible for any reimbursement.
- Just send the above material and completed form to:

CareConnect
Attn: Member Reimbursement
P.O. Box 830259,
Birmingham, AL 35283

Note: Materials must be complete and submitted within 120 days of the end of the plan year to qualify for payment.

Please complete this form in full, or your claim may be delayed or denied. You may submit this form for reimbursement of 50 visits or reimbursement of 100 visits.

*Except for covered spouses, dependents are not eligible for reimbursement.
Additional restrictions may apply.

For any questions, please call a Customer Service Connector at 855-706-7545 or email questions@nsljcc.com

MEMBER INFORMATION

Last name	First name	Middle initial
<hr/>		
Member ID#	Member birth date (mm/dd/yy)	
<hr/>		
Street Address	City	State Zip

FOR OFFICE USE ONLY**SERVICE INFORMATION**

Start Date	End Date	Place of Service	Code for procedures, services, or supplies	Diagnosis Code	Charges	Number of Visits	Provider ID
/ /	/ /	99	S5190	Z71.89			77777777

CareConnect Manager Signature

CareConnect Manager Name (print)

(Continued on other side)

YOUR FITNESS FACILITY

Name of Facility _____

Street Address _____

City _____

State _____

Zip _____

Membership fee paid by member: \$ _____

Membership fee paid : ☐ Monthly ☐ Annually

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 (print) _____

CareConnect Insurance Company, Inc. ("CareConnect") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CareConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CareConnect:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact CareConnect's Senior Director, Quality Improvement.

If you believe that CareConnect has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

CareConnect
Senior Director, Quality Improvement
2200 Northern Blvd., Suite 104, East Hills, NY 11548
Phone: 855-706-7545
TTY: 855-226-7318
Fax: 844-447-2525
Email: CareConnectAppeals@nsljcc.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Senior Director, Quality Improvement is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building, Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-226-7318 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-226-7318 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-855-226-7318 (TTY: 711)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-226-7318 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-226-7318 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-226-7318 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-226-7318 (TTY: 711).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-855-226-7318 (TTY: 711).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-855-226-7318 (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-226-7318 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-226-7318 (رقم هاتف الصم والبكم: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-226-7318 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں 1-855-226-7318 (TTY: 711)۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-226-7318 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-226-7318 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-226-7318 (TTY: 711).