



MASSACHUSETTS

GET FIT. GAIN UP TO \$300 IN SAVINGS.

Big Congrats on your healthy habits! To celebrate all you do, we've put together up to \$300 in fitness reimbursements*-and now virtual activities are included. Yours for the taking, you go-getter.



GET REWARDED, NO SWEAT!

Our reimbursement process is quick, easy, and online. Good thing, because you can save on:

- Full-service health clubs
- Fitness classes such as yoga, Pilates, Zumba[®], kickboxing, and indoor cycling/spinning
- Fitness memberships, subscriptions, programs, or classes that provide cardiovascular and strength training using a digital platform

Be sure to check with your doctor before starting a new exercise program.

Get Started

To submit your reimbursement, sign in to MyBlue at bluecrossma.org.

Your reimbursement is waiting!

*To find out if the fitness reimbursement is included with your plan, sign in to MyBlue at bluecrossma.org, or call Member Service at the number on your ID card.

Important Information:

- Fitness reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a completed request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request them from you. Proof of payment includes:
 - Receipts (cash/check/credit/electronic) for membership or class fees, clearly documenting your name, the fitness program name, and individual amounts charged with date paid.
 - Your fitness program membership or participation agreement, clearly documenting your name and date signed.
- Reimbursement may be considered taxable income, so you should consult a tax advisor.

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



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FITNESS REIMBURSEMENT REQUEST

Please print all information clearly. To verify that this reimbursement is offered within your plan, or for more information, you can sign in to MyBlue at bluecrossma.org or call the Member Service number on your ID card.

All fitness reimbursement requests must be submitted by March 31 of the following year.

Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address – Number and Street	City	State	ZIP Code
Employer's Name			

Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth ____/____/____
Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Dependent (up to age 26) <input type="checkbox"/> Other (specify): _____	Name, Address, and Phone Number of Qualified Fitness Expense		
	Total Dollars requested for Qualified Fitness Expense: \$ _____		
	Calendar year that fees were paid: _____		

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so you should consult your tax advisor.

Certification and Authorization (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct, and that I have not previously submitted for these services. I enrolled in the qualified program with the full intention of using such program. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature:

Date: ____/____/____

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts,
Local Claims Department,
PO Box 986030, Boston, MA 02298

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