Health New England

One Monarch Place, Suite 1500
Springfield, MA 01144-1500
healthnewengland.org

Health New England Wellness Reimbursement Form

There is more to staying healthy than seeing your doctor. It's up to you to make healthy choices. That's why Health New England gives you more than just coverage for your doctor visits. Here is one of the many programs we offer to help you take charge of your health. Health New England will reimburse you up to $150 per family per calendar year towards services such as:

- Qualifying fitness club memberships
- Weight Watchers®
- School and town sports
- Aerobic/wellness classes
- Personal trainer fees
- Athletic event registration fees
- Golf
- Ski tickets
- Fitness equipment (i.e., treadmill, workout videos)
- Nutrition classes
- Mindfulness classes
- Community supported agriculture (CSA) or farm shares - (Farms offering CSA shares of vegetables, fruits and other agricultural products can be found across the state.)

Health New England will *not* reimburse you for:	
• Classes or personal training sessions with uncertified trainers	• Fees paid to weight loss programs other than Weight Watchers®
• Country clubs, social clubs or tanning salons	• Vitamins, supplements
• Fees paid for food (food source not from CSA), books, transportation, or any other items or services	• Kids' camps (i.e., art, bible, town, etc.). Will cover sports camps, if run by certified coaches/trainers.

Subscriber Information			
Last Name:	First Name:		
Street Address:	City:	State:	Zip:
Health New England ID #:	Telephone #:		
All reimbursements will be sent to the Subscriber's address currently on file with Health New England. Maximum reimbursement is $150 per family per calendar year.			

Member Information (Names of all covered family members for whom you are submitting this request)		
Member Name (Last, First)	Relationship to Subscriber	Date of Birth

Activity for Reimbursement				
Type of Activity	Program/Facility Name	Address/Phone #	Amount Requested	Calendar Year

Certification and Authorization. (This form must be signed by each covered family member aged 18 or older for whom reimbursement is sought.)

I authorize the release of any information to Health New England about my health club membership, school and town sports registration, aerobic/wellness class, personal training, CSAs, athletic events and, if applicable, Weight Watchers® participation. I certify that the information provided in support of this submission is complete and correct. I certify that the above information is true and accurate and that services were received and paid for in the amount requested and that I have not previously submitted for these services. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be cancelled and I may be subject to criminal and/or civil penalties for false health claims. I also understand that Health New England may request any additional information it deems necessary to verify that services were received and payment was made.

Subscriber/Member Signature: _____ Date: _____

Signature required for payment

Mail completed form to: Health New England, Claims Department, One Monarch Place, Suite 1500, Springfield, MA 01144-1500.

Please allow 4-6 weeks for processing. **NOTE:** Reimbursement requests for a prior year must be received by Health New England no later than March 31.