



Work your body, not your wallet

Get reimbursed for your family health club membership if you're insured on the WPI Student Health Insurance plan



Getting reimbursed is easy

Please submit copies of the following:

- Completed Fitness Reimbursement Form
- Health/fitness membership agreement
- Invoice and receipts for membership
- Proof of payment

Proof of payment includes:

- Front and back copy of a canceled check
- Credit card statement showing payment for services billed (cardholder information and institution name must be present on the credit card statement)
- Bank card statement showing payment for services billed (account holder information and institution name must be present on the bank account statement)
- Cash payments will be verified by UnitedHealthcare Student Resources

What qualifies for reimbursement

Benefits are for three consecutive months for one family health club membership, or alternatively, benefits for reimbursement of up to 10 fitness classes taken by the Insured or by any combination of the Insured or by any combination of the Insured and the Insured's Dependent(s) per Policy Year.

Benefits are limited to fees paid to privately owned or privately sponsored health clubs or fitness facilities, YMCA's, YWCA's, Jewish community centers, and municipal fitness centers. Benefits are not provided for fees or costs for personal training, country clubs, social clubs, sports teams/leagues, spas, instructional dance studios, or martial arts schools.



Upload documents at uhcsr.com/myaccount or email to customerservice@uhcsr.com

UnitedHealthcare Student Resources does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

ATTENTION: Language assistance services, free of charge, are available to you. Please call 1-866-260-2723.

ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

注意：免费提供语言协助服务。請致電 1-866-260-2723。



Fitness Reimbursement Form

To be filled out by the WPI Student Health Insurance subscriber only. Please use blue or black ink and print all information clearly. Validation is subject to approval by the WPI Student Health Insurance plan carrier. Reimbursement checks will be mailed and made payable only to the subscriber at the subscriber's address on record. Please allow up to 8 week for processing.

When to submit this form

- When you are eligible for fitness reimbursement through your WPI Student Health Insurance plan
- After you have been a member in a qualified fitness program for 3 consecutive months or up to 10 fitness classes in the policy year
- Once per calendar year, submitted by **August 11, 2024**, with all necessary receipts or proof of payment
- After all form sections have been completely filled out by the subscriber

Section A: Subscriber information (person who holds coverage)

WPI Student Health Insurance ID Number	Last Name	First Name	Middle Initial
Address	City	State	Zip Code
Daytime Phone (area code) xxx-xxxx	Email Address	Date of Birth (mm/dd/yyyy)	

Section B: Subscriber and/or Member Information for Reimbursement

WPI Student Health Insurance ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
WPI Student Health Insurance ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

Section C: Fitness Program Information (List all health and facility memberships that you and/or your dependent(s) are submitting for reimbursement spanning the qualifying 3 months/10 fitness classes)

Attach Documentation	Calendar Year	Facility or Program Name	City, State	Phone Number	Dollar Amount Being Claimed
	From: mm/dd/yyyy To: mm/dd/yyyy			(area code) xxx-xxxx	
	From: ___/___/___ To: ___/___/___				
	From: ___/___/___ To: ___/___/___				

Total Dollar Amount Being Claimed \$ _____

Section E: Subscriber Certification

I certify the information on the form and all supporting documents are complete, accurate and unaltered.

Subscriber Signature _____ Date _____

*Fitness reimbursement may be considered taxable income. For tax information, please consult your employer or tax advisor.

