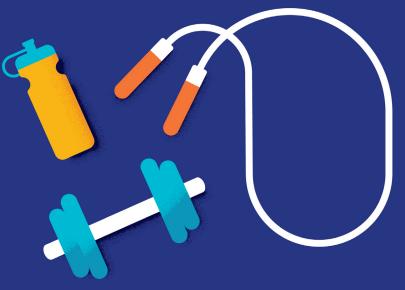


# Work your body, not your wallet

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		nber Last N	ame Fi	First Name		Middle Initial	
Address		City	Si	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 Stude	ent Health Insurance ID Nun	nber Last N	ame Fi	rst Name	Date o	f Birth (mm/dd/yyyy)	
WPI Stude	ent Health Insurance ID Nun	nber Last N	ame Fi	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 From: mm/dd/yyyy To: mm/dd/yyyy	Facility or Program Name	City, State	Phone No (area code)		Dollar Amount Being Claimed	
	From:/ To:/						
Doc	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.							
Subscribe	r Signature		D	ate		** **	
					1005	United	

