

## WELLNESS REIMBURSEMENT FORM

### City of Westfield

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. Health New England will reimburse you up to \$200 per individual plan and \$400 per family plan per calendar year towards services such as:

- Aerobic/wellness classes
- Athletic event registration fees
- Bike shares
- Community supported agriculture (CSA) or farm shares
- Fitness equipment and devices (i.e., treadmill, workout videos, Fitbit)
- Golf and ski tickets
- Mindfulness classes and apps
- Nutrition classes and apps
- Personal trainer fees
- Physical activity apps
- Qualifying fitness club memberships
- School and town sports
- WeightWatchers®
- Wellness and fitness apps

#### Fitness Club Requirements

- The fitness club must have cardiovascular and strength training exercise equipment (YMCA, Planet Fitness, Healthtrax, Gold's Gym, LA Fitness, Springfield Jewish Community Center, Attain, etc.) that are included in membership.

#### Weight Watchers® Requirements

- Reimbursement applies only to WeightWatchers®, WeightWatchers® Online and meetings.
- For WeightWatchers® memberships, please provide a printout of your weight tracking or billing history

#### School and Town Sports Registration Requirements

- You must submit a dated paid receipt.<sup>1</sup>

#### Aerobic/Wellness Class and Personal Trainer Requirements

- Class instructors and personal trainers must be certified.
- Classes may include: pilates, yoga, spinning, aerobics, strength training, tai chi, kickboxing, martial arts, etc.

#### Athletic Event Registration Fees

- 5K, Half Marathon, Tough Mudder, Triathlons, etc.

#### Reimbursement Requirements - All Programs

- The participant in the program must be an active Health New England member at the time of participation.
- You can submit your form up to 2 times per family in each calendar year.
- Receipts will not be returned. Health New England will accept copies of the receipts.

#### Health New England will not reimburse you for:

<ul style="list-style-type: none"> <li>• Classes or personal training sessions with uncertified trainers</li> </ul>	<ul style="list-style-type: none"> <li>• Fees paid to weight loss programs other than WeightWatchers® or app supported</li> </ul>
<ul style="list-style-type: none"> <li>• Country clubs, social clubs, or tanning salons, golf clubs, food/drink and golf carts</li> </ul>	<ul style="list-style-type: none"> <li>• Vitamins and supplements</li> </ul>
<ul style="list-style-type: none"> <li>• Fees paid for food (food source not from CSA), books, transportation, non-workout videos, or any other items or services</li> </ul>	<ul style="list-style-type: none"> <li>• Requests received later than March 31 of the following year</li> </ul>

<sup>1</sup>Examples of receipts could be a canceled check, or bank/credit card statements.

**For Health New England Use Only**  
 Current Health New England member  
 Receipts/Contract that reflect payment  
 Amount to reimburse \$ \_\_\_\_\_

# WELLNESS REIMBURSEMENT FORM

## City of Westfield

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.		

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

**Information needed for reimbursement**

- A copy of relevant contracts, membership agreements, personal trainer agreements with license #, or registration forms: (school and town sports may submit dated paid receipt<sup>1</sup> only).
- Dated paid receipts or copies of bank or credit card statements. The receipts must include the member's name.
- For WeightWatchers® memberships, please provide a printout of your weight tracking or billing history.

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 aerobic/wellness classes; athletic event registration fees; bike shares; mindfulness apps; nutrition apps; personal trainer fees; physical activity apps; qualifying fitness club membership; school and town sports registration; and, if applicable, Weight Watchers® participation. I certify that the information provided in support of this submission is complete and correct.

**Subscriber/Member signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Signature required for payment*

**Mail completed form and the "Information needed for reimbursement" described above 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 of the following year. Not all employer groups offer reimbursement for all items and activities listed. Not all employer groups offer this reimbursement amount. Please check your membership materials for details, or contact Member Services if you need more information.

<sup>1</sup>Examples of receipts could be a canceled check, or bank/credit card statements.