Indiana University Health Plans

Fitness Reimbursement Form

–IMPORTANT–

Please read and follow the instructions located on the front and back of this form. You are required to complete all unshaded areas of the form by printing clearly with an ink pen. This form will be returned if: 1) The form is not completed with the required information 2) a copy of a signed fitness club contract indicating charges of up to $150.00 for a calendar year and/or a fitness club employee's signature is not provided. The reimbursement is good for the current calendar year. Indiana University Health Plans will send reimbursement to the member when approved. Please allow 4-6 weeks to process once Indiana University Health Plans receives this request for reimbursement.

Member's Name	Member's Date of Birth	Member Sex	Member ID

Member's Address (Street) (City) (Zip)	Fitness Club/Exercise Facility Information Name_____ Street address_____ City_____State_____ Zip_____ If no contract is available enter amount member will pay for year here:_____.
Check box if new address ☐ Telephone ☐	

We authorize the release to Indiana University Health Plans any information necessary to process this request for fitness reimbursement. We agree to the information written above, and verity that the member will meet the requirements of the program of paying up to $150.00 per calendar year in membership dues.

X_____ (Member signature required)

X_____(Printed name of Fitness Club Employee)

X_____(Fitness Club employee signature)

DO NOT WRITE IN SHADED AREA BELOW (For Plan use Only)

Plan year	Date received	Date sent to AP	Eligibility Checked

IU Staff Approval Signature

Reimbursement Instructions

Note: Maximum reimbursement is $150.00 per calendar year.

The Fitness reimbursement form is to be completed by the member attending the fitness club or exercise facility. Attach the completed fitness club or exercise facility contract indicating total payments of up to $150.00 per calendar year. If no contract is available a signature of an authorized representative of the fitness facility will be accepted.

Please follow the instructions below when completing this form.

1. Fill in ALL unshaded sections.
2. Sign the form and have a fitness club authorized employee sign the form when a copy of the fitness club contract is not available.
3. Date the form when completed and retain a copy for your records. (Form will not be returned).
4. Send the completed Fitness Reimbursement Form and/or contract to:

   Indiana University Health Plans
   Attention: Fitness Reimbursement
   950 N. Meridian St. Ste 200
   Indianapolis, IN 46204

5. If you have any questions about this program, please call the Customer Solutions Center number at 317-963-9700 or 1-800-455-9776. These numbers are also listed on your member ID card.

Member reimbursement will be denied if:

1. The member is not a current or eligible Indiana University Health Plan member when reimbursement is requested or if member's premium is in arrears.
2. An authorized representative of the fitness club or exercise facility did not sign the form when a copy of the fitness club contract was not attached.

This form will be returned if:

1. The form is not completed with the required information and;

2. The fitness club or exercise facility contract is not attached and/or the form is not signed by a fitness club or exercise facility authorized representative when needed.