

CDPHP® Gym Reimbursement Form

Eligible members can be reimbursed up to \$400 per benefit year for going to the gym, and their covered spouse or covered domestic partner can earn up to \$200 – a total of \$600 per contract! **This benefit does not apply to all plans. See your plan contract or call member services at the number on your ID card to confirm eligibility.**

Visit www.cdphp.com/GymReimbursement for complete benefit rules and details.

Member Name: _____ Date of Birth: _____

Member ID #: _____ Phone Number: _____

Check One: Subscriber Spouse Domestic Partner

(Note: Dependents other than the covered spouse or domestic partner are not eligible for this benefit.)

GYM NAME	TOTAL FEES PAID	# OF VISITS
1		
2		
3		
4		
TOTAL		

*Member can submit for reimbursement up to **two times per plan year**.
Reimbursement will be made to the subscriber and sent to the address on file.*

CERTIFICATION AND AUTHORIZATION (must be signed by the subscriber)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Signature _____ Date Signed _____

Please mail this form, your gym participation log, and proof of payment to:

CDPHP
P.O. Box 66602
Albany, NY 12206

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

