



Gym Reimbursement Form

We make it easy for you to get and stay healthy—and one way we do that is by helping you pay for your fitness center, health club or gym membership. We will provide up to \$200 reimbursement once every six months, so long as you visit your fitness facility at least 50 times in that period (that’s an average of about two visits per week). If your spouse or domestic partner is a dependent on your plan, he or she is eligible for reimbursement of up to \$100 per six-month period.

Important details:

- Your fitness facility must provide at least two pieces of equipment that promote cardiovascular health.
- You must complete at least 50 visits in a six-month period. We cannot issue a reimbursement until a six-month period is complete, even if you complete the 50 visits more quickly than that.
- Once you’ve completed a six-month reimbursement period, you’ll need to fill out our reimbursement form. You’ll also need a copy of your current gym bill; proof of payment (a receipt, a copy of your credit card statement, etc.); and a record of your gym visits (a printout from your gym or a list that includes the dates of your visits and is signed by a representative of the gym). If you want to create a written list of your visits, please use the form on page 2.
- Just send the above material and completed form to:

North Shore-LIJ CareConnect Insurance Company, Inc.
Attn: Gym Reimbursement
2200 Northern Blvd, Suite 104
East Hills, NY 11548

Note: Materials must be complete and submitted within six months of the end of the reimbursement period to qualify for payment.

Please complete this form in full, or your claim may be delayed or denied. Complete one form per member for each six-month period for which you’re making a claim.

MEMBER INFORMATION:

Last name _____ First name _____ Middle initial _____
 Member ID # _____ Date of birth (mm/dd/yyyy) ____/____/____

YOUR FITNESS FACILITY:

Name of facility _____
 Street address _____
 City _____ State _____ Zip _____
 Membership fee paid by member: \$ _____ Check box: Monthly Annually



Gym Reimbursement Form Usage Report

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Gym Representative Signature