

Health/Fitness Center Reimbursement Form

Subscribers are eligible for reimbursement once per calendar year. You must be a Capital Health Plan member and a current member of an approved health and fitness program in the calendar year. Reimbursements for the previous year cannot be processed beyond December 31 of the current year. *Beginning January 1, 2017, Federal employees, Federal Annuitants and their dependents are not eligible for this benefit.*

Capital Health Plan will reimburse only for the amount reflected on those receipts/statements up to \$150 per family per CHP contract. For Medicare members, Capital Health Plan will reimburse only for the amount reflected on those receipts/statements up to \$150 per member.

Section 1—Member Information *(as it appears on your CHP ID card)*

Member's Last Name _____ Member's First Name _____ Member's Middle Initial _____

Member's ID # (located on the front of your card) _____

Member's Telephone number _____

Note: If approved, your reimbursement will be sent to the subscriber. The subscriber is the health plan policyholder. If you need to update your address, please contact Member Services.

Section 2—Health/Fitness Center Information

Name/Address/Type of facility or activity*	Calendar Year**	Amount Requested***

* See website for facilities and programs that do not qualify.

** Calendar year is the 12-month period, beginning January 1 and ending December 31, for which reimbursement is being requested.

*** You can request up to \$150 per family per Capital Health Plan contract (or member, if Medicare).

Section 3—Information for Reimbursement

Please submit each item and check off the boxes below:

- This completed form.
- Dated original receipts or copies of bank/credit statements showing the charge for membership or classes (original receipts will not be returned). These should reflect the dollar amount you are requesting. CHP will reimburse only for the amount reflected on those receipts/statements up to \$150 per family per CHP contract (or member, if Medicare). *A brochure from the health club or facility may be requested in some instances.*

See reverse 